AFSCs 4N1X1/B/C/D

SURGICAL SERVICE SPECIALTY
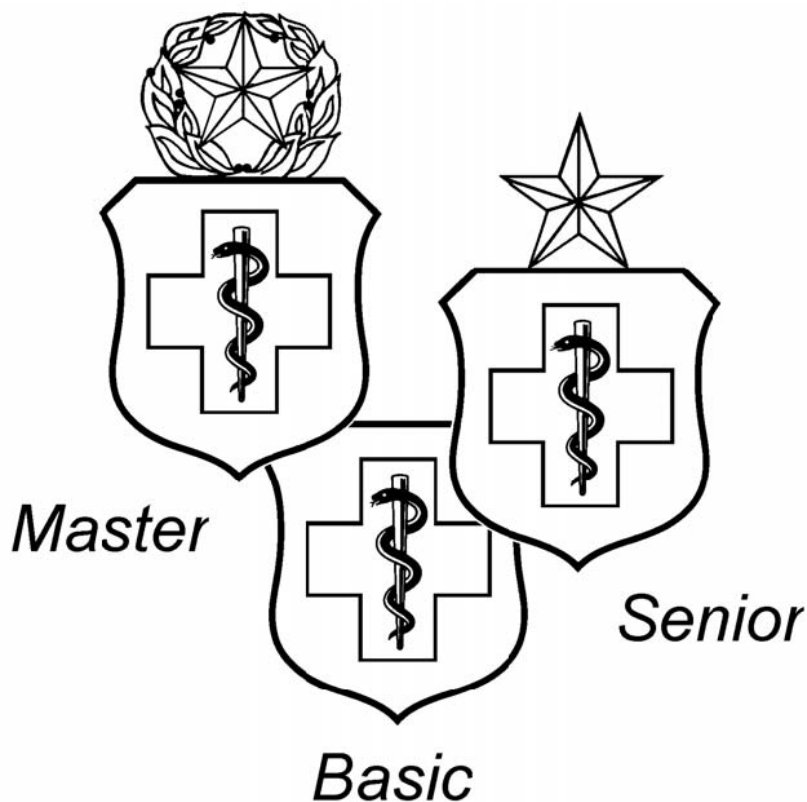
CAREER FIELD EDUCATION AND TRAINING PLAN

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CAREER FIELD EDUCATION AND TRAINING PLAN
SURGICAL SERVICE SPECIALTY
AFSC 4N1X1
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AFSC 4N1X1
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PART I

Preface

1. This Career Field Education and Training Plan (CFETP) is a comprehensive education and training document that identifies the legal scope of practice within the AF medical Service, life-cycle education/training requirements, training support resources, and minimum requirements for this specialty. The CFETP will provide personnel a clear career path to success and will instill rigor in all aspects of career field training. The clear expectation is that surgical service specialty personnel be utilized to the full extent of their knowledge/task certification.

> *NOTE:* Civilians/contract personnel occupying associated positions will use Part II to support duty position qualification training.

2. Initial skills training requirements were identified during the Surgical Services Specialty Utilization and Training Workshop, held 27-31 March, 2006 at Sheppard AFB, Texas. The decision to train specific tasks and knowledge items in the initial skills course is based on a review of Occupational Survey Report (OSR) data, Training Requirements Analysis (TRA) data, and 4N1X1 subject-matter expert (SME) input.

3. The CFETP consists of two parts. Formal course developers and field supervisors use both parts of the plan to plan, manage, and control training within the career field.

3.1. **Part I** contains five sections that provide information necessary for overall management of the specialty.

3.1.1. Section A, **General Information** explains how everyone will use the plan.

3.1.2. Section B, **Career Field Progression and Information** identifies career field progression information, duties and responsibilities, training strategies, and career field path.

3.1.3. Section C, **Skill Level Training Requirements** associates each level with specialty qualifications (knowledge, education, training, and other).

3.1.4. Section D, **Resource Constraints** lists deficiencies in resources needed to accomplish the training mission. Some examples are funds, manpower, equipment, and facilities.

3.1.5. Section E, **Transitional Training Guide**: N/A

3.2. **Part II** contains six sections. At the unit level, supervisors and trainers use Part II to identify, plan, and conduct training commensurate with the overall goals of this plan.

3.2.1. Section A, **Specialty Training Standard** (STS) includes duties, tasks, technical references to support training, Air Education and Training Command (AETC) conducted training, wartime course, core task, and correspondence course requirements.

3.2.2. Section B, **Course Objective List** identifies the training standards supervisors will use to determine if airmen satisfied training requirements.

3.2.3. Section C, **Support Materials** identifies available support materials; an example is a Qualification Training Package (QTP), which may be developed to support proficiency training. These packages are identified and made available on the official AF Publications Electronic Master Catalog of Training Documents along with the CFETP (www.afpubs.hq.af.mil/pubs).

3.2.4. Section D, **Training Course Index** is a tool that supervisors can use to determine resources available to support training; included here are both mandatory and optional courses.

3.2.5. Section E, **MAJCOM Unique Requirements** identifies requirements supervisors can use to determine additional training required for the associated qualification needs.

3.2.6. Section F, **Documentation and Training** provides guidance on documentation of training (medical specific) and six-part competency folder documentation.

> *NOTE:* The Air Force Enlisted Classification Directory contains the job descriptions.

4. Using guidance provided in the CFETP will ensure individuals in this specialty receive effective and efficient training at the appropriate points in their careers. This plan will enable us to train today's work force for tomorrow's jobs. At unit level, supervisors and trainers will use Part II to identify, plan, and conduct training commensurate with the overall goals of this plan.

Abbreviations/Terms Explained

Advanced Training (AT). Formal course which provides individuals who are qualified in one or more positions of their Air Force Specialty (AFS) with additional skills/knowledge to enhance their expertise in the career field. Training is for selected career airmen at the advanced level of the AFS.

Air Force Career Field Manager (AFCFM). The Air Force focal point for the designated career field within a functional community. Serves as the primary advocate for the career field, addressing issues and coordinating functional concerns across various staffs. Responsible for the career field policy and guidance.

Air Force Job Qualification Standard/Command Job Qualification Standard (AFJQS/CJQS). A comprehensive task list which describes a particular job type or duty position. They are used by supervisors to document task qualifications. The tasks on AFJQS/CJQS are common to all persons serving in the described duty position.

Air Reserve Components (ARC). United States Air Force Reserve (USAFR) and Air National Guard (ANG) components and their members.

Career Field Education and Training Plan (CFETP). CFETP is a comprehensive core training document that identifies: legal scope of practice within the AF Medical Service; life-cycle education and training requirements; training support resources, and minimum core task requirements for a specialty. The CFETP aims to give personnel a clear path and instill a sense of industry in career field training.

Certification. A formal indication of an individual's ability to perform a task to required standards.

Certification Official. A person whom the commander assigns to determine an individual's ability to perform a task to required standards. In AFI 36-2201 Volume 3 the term also refers to the trainer as well as the person who signs off on the training record in the certifier block.

Continuation Training. Additional training exceeding requirements with emphasis on present or future duty assignments.

Core Task. Tasks Air Force career field managers (AFCMs) identify as a minimum qualification requirements for everyone within an Air Force specialty regardless of duty position. Core tasks may be specified for a particular skill level or in general across the AFSC. Guidance for using core tasks can be found in the applicable CFETP narrative. *IAW 36-2201 Volume 3, core tasks do not have to be signed off on the STS in the certifier column, they may be signed off by the trainer in the trainer column.*

Course Objective List (COL). A publication, derived from initial/advanced skills course training standard, identifying the tasks and knowledge requirements, and respective standards

provided to achieve a 3- or 7-skill level in this career field. Supervisors use the COL to assist in conducting graduate evaluations in accordance with AFI 36-2201, Air Force Training Program.

Course Training Standard (CTS). Training standard that identifies the training members will receive in a specific course.

Enlisted Specialty Training (EST). A mix of formal training (technical school) and informal training (on-the-job) to qualify and upgrade airmen in each skill level of a specialty.

Exportable Training. Additional training via computer assisted, paper text, interactive video, or other necessary means to supplement training.

Go. The stage at which an individual has gained enough skill, knowledge, and experience to perform the tasks without supervision. Meeting the task standard. The stage at which the trainee may be signed off on the task in the STS. AFI 36-2201 Vol 3 equates this stage to the 3c proficiency code.

Initial Skills Training. A formal resident course which provides AFSC entry level training.

Instructional System Development (ISD). A deliberate and orderly, but flexible process for planning, developing, implementing, and managing instructional systems. It ensures personnel are taught in a cost efficient way the knowledge, skills, and attitudes essential for successful job performance.

Major Command (MAJCOM) Functional Manager (MFM). Senior leaders, designated by the appropriate functional authority (FA) who provide day-to-day management responsibility over specific functional communities at the MAJCOM or ARC level. While they should maintain an institutional focus in regards to resource development and distribution, MFMs are responsible for ensuring their specialties are equipped, developed, and sustained to meet the functional community's mission as well as encourage force development opportunities in order to meet future needs of the total Air Force mission.

Medical Treatment Facility (MTF). Any DoD facility; i.e., area medical center, regional hospital, clinic, or other medical unit that provides health care to active duty members and their dependents, or to retired military members and their dependents. MTFs are also locations where patient care training is conducted.

Milestones. Milestones identify the projected timeframe the trainee will complete all required tasks, home station training, deployment/UTC tasks, and each set of CDCs as required. **Note IAW AFI 36-2201 CDCs must be completed at a rate of no less than 1 volume every 30 days**.

No Go. Trainee has not gained enough skill, knowledge, and experience to perform task without supervision. Does not meet task standard.

Occupational Survey Report (OSR). A detailed report showing the results of an occupational survey of tasks performed within a particular AFS.

On-the-Job Training (OJT). Hands-on, "over-the-shoulder" training, conducted to certify personnel in both upgrade (skill level award and job qualification (duty position certification) training. This is a dual channel concept using formal training, the CDCs and hands-on training, task performance.

Optimal Training. The ideal combination of training settings resulting in the highest levels of proficiency on specified performance requirements within the minimum time possible.

Qualification Training (QT). Actual hands-on task performance training designed to qualify an individual in a specific duty position. This portion of the dual channel on-the-job training program occurs both during and after the upgrade training process to maintain up-to-date qualifications. It is designed to provide the performance skills required to do the job.

Qualification Training Package (QTP). An instructional package designed for hands-on performance training designed to qualify an airman in a specific position, or on a piece of equipment. This training occurs both during and after upgrade training to maintain up-to-date qualifications. It may be printed, computer-based, or in other audiovisual media.

Position Qualification Training. Training designed to qualify an airman in a specific position that occurs after upgrade training.

Proficiency Training. Additional training, either in-residence or exportable advanced training courses, or on-the-job training, provided to personnel to increase their skills and knowledge beyond the minimum required for upgrade.

Readiness Skills Verification (RSV). The Readiness portion of your AFSC-specific sustainment training as defined in AFI 41-106, *Medical Readiness Planning and Training, paragraph 5.2*. Designed to ensure all members with a fully qualified AFSC maintain adequate skills to perform their duties during wartime, humanitarian assistance, homeland security/defense, and disaster response contingencies. Required training is every 20 months (exception BLS is every two years).

Resource Constraints. Resource deficiencies, such as money, facilities, time, manpower, and equipment that preclude desired training from being delivered.

Scope of Practice. The extent or range of subject knowledge, task knowledge, and task performance listed as tasks in the STS that Surgical Service Specialty personnel apply in the performance of duty at the 3/5/7 skill levels. When the MTF executive management team determines there is need for enlisted personnel to perform tasks clearly beyond the expectations of their AFSC, the MAJCOM/SG considers and grants waivers as appropriate. Consistent with the CFETP review process, waivers will be reviewed annually. Procedures to request a Scope of Practice Waiver are outlined in AFI 44-119, paragraph 6.21 *Clinical Performance Improvemen*t.

Skills Training. A formal course which results in the award of a skill level.

Skills Verification. Used to *initially* certify that an individual can demonstrate an adequate level of skill and proficiency to correctly perform a task.

Specialty Training. A mix of formal training (technical school) and informal training (on-the-job) to qualify and upgrade airmen in the award of a skill level or AFSC sub-specialty.

Specialty Training Standard (STS). An Air Force publication that describes/lists skills and knowledge that airman in a particular Air Force specialty needs on the job. It also identifies the training provided to achieve a 3-, 5-, or 7-skill level within an enlisted AFS. It further serves as a contract between the Air Education and Training Command and the functional user to show which of the overall training requirements for an Air Force Specialty Code (AFSC) are taught in formal schools and correspondence courses.

Standard. An exact value, a physical entity, or an abstract concept, established and defined by authority, custom, or common consent to serve as a reference, model, or rule in measuring quantities or qualities, establishing practices or procedures, or evaluating results. A fixed quantity or quality.

Supplemental Training. Training toward a portion of an AFS without change by AFSC. Formal training on new equipment, methods and technology that are not suited for on-the-job training.

Sustainment Training. Regular and recurring training necessary to maintain the skills of a fully qualified individual to adequately perform the mission and related duties required by his/her job position in peacetime/wartime.

Task Module (TM). A group of tasks performed within an Air Force specialty that are performed together and that require common knowledge, skills, and abilities. TMs are identified by an identification code and a statement.

Total Force. All collective Air Force components (active, reserve, guard, and civilian/contract elements) of the United States Air Force.

Trainer. A trained and qualified person who teaches personnel to perform specific tasks through OJT methods. Also, equipment that the trainer uses to teach personnel specified tasks.

Training Capacity. The ability of a unit or base to provide training. Authorities consider the availability of equipment, qualified trainers, study reference materials, and so on in determining a unit's training capability.

Training Planning Team (TPT). An action group composed of representatives from all pertinent functional areas, disciplines, and interests involved in the life cycle design, development, acquisition, support, modification, funding, and management of a specific defense training system.

Task Analysis. The process of describing job tasks in terms of Job Performance Requirements (JPR) and the process of analyzing these JPRs to determine training requirements. Formerly Training Requirement Analysis

Training Setting. The type of forum in which training is provided (formal resident school, on-the-job, field training, mobile training team, self-study etc.).

Upgrade Training (UGT). Mandatory training which leads to attainment of higher level of proficiency/skill.

Utilization and Training Workshop (U&TW). A forum of MAJCOM Air Force Specialty Code (AFSC) functional managers, Subject Matter Experts (SMEs), and AETC training personnel that determines career ladder training requirements.

Wartime Tasks. A set of task, knowledge, and technical reference items taught in the 3-level resident course during war-time conditions. In response to a wartime scenario, these tasks will be taught in the 3-level course in a streamlined training environment.

Section A - General Information

1. Purpose of the CFETP.

1.1. This CFETP provides information necessary for Air Force Career Field Managers (AFCFM), MAJCOM functional managers (MFMs), commanders, training managers, supervisors, and trainers to plan, develop, manage, and conduct an effective career field training program. This plan outlines the training that individuals in this AFS should receive in order to develop and progress throughout their career. This plan identifies initial skills, upgrade, qualification, advanced, and proficiency training. **Initial skills training** is the AFS specific training an individual receives upon entry into the Air Force, or upon retraining into this specialty, for award of the 3-skill level. Normally, this training is conducted by AETC at the 882d Training Group, Sheppard AFB, TX. Initial skills training also refers to the training an individual receives when either entering into an AFSC sub-specialty (shred) training as a non prior service trainee or lateral training by a 4N151/71. Upon successful completion of specialty course, all 4N1X1 personnel will become 3-levels. Non prior service students will be upgraded to 5-skill level upon completion of CDCs 4N151A and 4N151B, completion of required task training and 15 months time in upgrade training. SrA and SSgt 4N151s retraining into the surgical specialties 4N1X1 B/C/D will be placed in Training Status Code F for 9 months and then upgraded to the 5-skill level. After award of 5-level, SrA must receive a line number for promotion to SSgt, be entered into Training Status Code C for 12 months and complete the 4N171 CDC for award of the 7-skill level. 4N171 SSgt and TSgt retraining into the surgical specialties will be placed in Training Status Code F for 9 months and then awarded the 5-skill level. After award of 5-level they will be entered into Training Status Code G for 6 months for award of the 7-skill level. Lateral retraining into either shred regardless of rank and skill level, will result in a 24-month SKT exemption. **Upgrade training** identifies the mandatory courses (resident and correspondence), and task qualification requirements for award of the 3-, 5-, 7-, 9-skill levels. **Qualification training** is actual hands-on task performance training designed to qualify an airman in a specific duty position. This training occurs both during and after the upgrade training process. It is designed to provide the performance skills/knowledge required to do the job. Advanced training is formal specialty training used for selected airmen. **Proficiency training** is additional training, either in-residence or exportable advanced training courses, or on-the-job training, provided to personnel to increase their skills and knowledge beyond the minimum required for upgrade. The CFETP has several purposes, some are:

1.1.1. Serves as a management tool to plan, manage, conduct, and evaluate a career field training program. Also, it is used to help supervisors identify training at the appropriate point in an individual's career.

1.1.2. Identifies task and knowledge training requirements and generally describes "scope of practice" in the Surgical Service Specialty, and recommends training/education throughout each phase of an individual's career.

1.1.3. Lists training courses available in the specialty, identifies sources of training, and the training delivery method employed.

1.1.4. Identifies major resource constraints which impact full implementation of the desired career field training process.

2. Use of the CFETP.

2.1. The CFETP will be used by the Air Force Career Field Manager, MAJCOM Functional Managers (MFMs) and supervisors at all levels to ensure comprehensive and cohesive training programs are available for each individual in the specialty.

2.2. AETC training personnel will develop/revise formal resident, non-resident, field and exportable training based on requirements established by the users and documented in Part II of the CFETP. They will also work with the AFCFM to develop acquisition strategies for obtaining resources needed to provide the identified training.

2.3. MFMs will ensure their training programs complement the CFETP's mandatory initial, upgrade, and proficiency requirements. Identified requirements can be satisfied by OJT, resident training, non-resident (exportable) training, contract training, or read ahead modules. MAJCOM-developed training to support this AFSC must be identified for inclusion into this plan.

2.4. Qualification training packages (QTPs) are developed by lead MAJCOM according to priorities assigned by the AFCFM, after coordination with the MFM.

2.5. Each individual will complete the mandatory training requirements specified in this plan. The lists of courses in Part II will be used as a reference to support training.

3. Coordination and Approval of the CFETP.

3.1. The AFCFM is the approval authority. MAJCOM representatives and AETC training personnel will identify needs and coordinate on the career field training requirements. The AETC training manager for this specialty will initiate an annual review of this document by AETC and MFMs to ensure currency and accuracy. Using the list of courses in Part II, they will eliminate duplicate training.

Section B - Career Progression and Information

1. Specialty Description.

1.1. Medical Service Manager (4N000).

1.1.1. The 4N191, Surgical Service Superintendent, is awarded CEM 4N000 upon promotion to CMSgt. The Surgical Service Career Field merges with the Aerospace Medical Service career field at the CMSgt level.

1.2. Surgical Service

1.2.1. **Specialty Summary.** Participates in, and manages planning, providing, and evaluating surgical patient care activities and related training programs. Organizes the medical environment, performs and directs support activities in patient care situations, including contingency operations and disasters. Assists professional staff in providing patient care for the surgical patient before, during, and after surgery. Performs scrub and circulating duties in the operating room (OR). Assists with post-anesthesia recovery of patients. Processes, stores, and distributes sterile supplies. Participates in planning, implementing, and evaluating management activities related to the OR and Central Sterile Supply Services (CSSS). Performs duties in and supervises the urology, orthopedic, and otorhinolaryngology surgical specialties. Related DoD Occupations Subgroup: 130100.

1.2.2. **Duties and Responsibilities**

1.2.2.1. Directs, performs, and coordinates administrative functions. In coordination with executive management team, establishes administrative policies for surgical functions and provides input into strategic resource planning. Manages the preparation of correspondence, records, and their maintenance. Determines methods and sources of obtaining data for routine or special reports. Directs, coordinates, and validates budget requirements. Serves as a consultant to MAJCOM Medical Service Manager. Participates or assists in developing and implementing command programs. Conducts staff assistance and consultant visits. Assists the executive management team with developing, interpreting, and evaluating instructions, regulations, policies, and procedures. Oversees development, implementation and evaluation of medical readiness plans and programs. Oversees and participates in implementation of continual quality improvement plans and programs.

1.2.2.2. Provides, supervises and manages surgical patient care activities. Performs surgical tasks. Acts as team leader and member. Transports patients, and related records to and from the OR and recovery room. Assists nursing staff with preoperative patient preparation activities. Helps with routing medical materiel management activities. Accomplishes routine safety checks and operator preventive maintenance on fixed and moveable medical equipment and fixtures. Performs routine and specialized housekeeping activities. Prepares OR for surgery by setting up and opening sterile supplies and instruments. Assists anesthesia personnel with patient positioning and anesthesia administration. Applies principles of asepsis, infection control, and medical ethics. Assists with terminal cleanup of OR and prepares for follow-up procedures. Receives, decontaminates, and cleans soiled patient care items. Assembles, wraps, and sterilizes instrument sets, supplies, and linen packs. Stores, maintains, and distributes sterile patient care items. Assists the circulating nurse with preparing records, reports, and requests. Prepares specimens for transport to the laboratory. Performs scrub duties in OR. Scrubs hands and arms and dons sterile gown and gloves. Prepares and maintains sterile instruments, supplies, and equipment of draped tables and stands. Counts sponges, needles, instruments, and related items with circulating nurse before, during, and after surgical procedures. Assists the operative team with applying sterile drapes to the surgical field. Passes instruments, sutures, and other supplies to the sterile operative team. Anticipates surgeons needs, and provides additional assistance as directed. Cares for surgical specimens on the sterile field. Cleans and prepares instruments and reusable supplies for terminal sterilization and decontamination. Participates in contingency or disaster field training, exercises, and deployments.

1.2.2.3. Performs recovery room or basic nursing duties. Assists surgeon and nursing staff with monitoring and recording vital signs. Administers oxygen, helps arouse patient, and carries out surgeons post-operative orders. Assists with identifying and managing of postoperative complications.

1.2.2.4. Performs general clinic functions. Schedules and prepares patients and sets up instruments, supplies, and equipment for specialized procedures in the OR and specialty clinics. Assists specialty surgeon during surgical and diagnostic procedures. Assembles, operates, and maintains diagnostic and therapeutic equipment. Orders diagnostic laboratory and radiographic procedures as directed. Performs administrative activities unique to specific surgical clinics.

1.2.2.5. Provides medical training to agencies and personnel other than medical. Training includes areas such as aseptic technique and self-aid buddy care. Schedules in-service training in new procedures, techniques, and equipment. Provides required basic life support training. Conducts or schedules periodic disaster training, fire drills, and evacuation procedures.

1.2.2.6. Performs urology functions. Operates special urological radiography equipment. Administers injections, catheterizes patients, performs laboratory tests and procedures, and administers intravesical medications.

1.2.2.7. Performs otorhinolaryngology functions. Performs minor diagnostic and therapeutic ear, nose, and throat (ENT) procedures. Administers local anesthetics under supervision of the physician. Performs diagnostic hearing evaluations and vestibular function tests. Makes ear mold impressions for hearing aids. Performs facial nerve testing.

1.2.2.8. Performs orthopedic functions. Applies and removes casts and splints as directed by health care providers. Assembles and applies orthopedic traction devices. Instructs patients in using crutches, canes, and other orthopedic appliances.

1.2.2.9. Performs otorhinolaryngology functions. Performs minor diagnostic and therapeutic ear, nose, and throat (ENT) procedures. Administers local anesthetics under supervision of the physician. Performs diagnostic hearing evaluations and vestibular function tests. Makes ear mold impressions for hearing aids. Performs facial nerve testing.

1.2.2.10. Performs management and training functions within surgical services. Plans and schedules workloads and duty assignments. Establishes work methods and standards. Evaluates work capability and proficiency of subordinates. Plans and conducts training. Interprets policies and regulations. Inspects and evaluates activities and procedures to ensure maintenance of asepsis and proper environmental, equipment, and facility safety conditions. Analyzes requirements and supervises requisition, storage, maintenance, and issue of equipment and supplies. Supervises preparation and maintaining reports and records.

1.3. Specialty Qualifications

1.3.1. **Knowledge**. The following knowledge is mandatory for award of AFSC indicated:

1.3.1.1. **4N1X1/X1X.** Fundamentals of anatomy and physiology; principles of asepsis and sterile techniques; preparing and storing surgical sets and packs, surgical instrumentation, and equipment; OR and anesthesia procedures; pathology as it applies to specimen care and handling; basic microbiology and infection control principles; basic surgical pharmacology; sterilizing and disinfecting procedures; surgical and anesthesia complications and their treatment; hospital and OR environmental hazards and safety procedures; handling and storage of compressed gases; basic medical material procedures; basic medical administrations procedures; legal aspects of preoperative care and medical ethics; roles and qualifications of surgical team members; and basic clinical functions.

1.3.1.2. **4N1X1B.** Anatomy and physiology of the genitourinary system and its disorders, genitourinary system terminology, and radiology techniques in urological procedures.

1.3.1.3. **4N1X1C.** Anatomy and physiology of the musculoskeletal system and its disorders; musculoskeletal system terminology; common practices, techniques, and principles of fracture immobilization including plaster and other casting materials; methods and principles of traction application; and common orthopedic complications and their management.

1.3.1.4. **4N1X1D.** Anatomy and physiology of the head and neck; disorders of ENT; medical terminology related to the ENT specialty; and special audiometry testing.

1.3.2. **Education.** For entry into this specialty, completion of high school course in general science, biology, chemistry, hygiene, and psychology is desirable.

1.3.3. **Training.** The following training is mandatory for award of the AFSC indicated:

1.3.3.1. **4N131.** Completion of the surgical service resident and clinical course.

1.3.3.2. **4N131B.** Completion of the basic urology course.

1.3.3.3. **4N131C.** Completion of the basic orthopedic course.

1.3.3.4. **4N131D.** Completion of the basic otorhinolaryngology course.

1.3.4. **Experience.** The following experience is mandatory for award of the AFSC indicated:

1.3.4.1. **4N151/51X.** Qualification in and possession of AFSC 4N131/31X. Also, experience in functions such as general care and treatment of patients; assisting the operative team and nursing staff in surgery; preparing patients for surgery; and performing sterile, unsterile, and related surgical activities.

1.3.4.2. **4N171/71X.** Qualification in and possession of AFSC 4N151/51X. Also, experience supervising and performing functions such as assisting surgeon and supervisor.

1.3.4.3. **4N191.** Qualification in and possession of AFSC 4N171/71X. Also, experience managing functions such as medical, surgical, and related patient care and administrative activities.

1.3.5. **Other.** The following are mandatory as indicated:

1.3.5.1. For entry into shredouts B, C, and D, prior qualification and possession of AFSC 4N131.

1.3.5.2. For award of shredout D, certification in audiology is mandatory for shredout D personnel assigned to hearing conservation diagnostic centers.

1.3.5.3. For award and retention of AFSCs 4N131/31X/51/51X/71/71X/91, must maintain an Air Force Network License according to AFI 33-115, Vol 2, *Licensing Network Users and Certifying Network Professionals.*

4. * Specialty Shredouts

Suffix	Portion of AFS to Which Related
B	Urology
C	Orthopedics
D	Otorhinolaryngology

2. Skill and Career Progression.

2.1. Career Field Path

2.1.1. Adequate training and timely progression from the apprentice to the superintendent skill level play an important role in the Air Force's ability to accomplish its mission. It is essential that everyone involved in training do his or her part to plan, manage, and conduct an effective training program (AFI 36-2201). The guidance provided in this part of the CFETP will ensure each individual receives viable training at appropriate points in their career. The following narrative and the AFSC 4N1X1 career field flow charts identify the training career path. It defines the training required in an individual's career.

2.2. Apprentice (3) Level.

2.2.1. Upon completion of Initial skills training, a trainee will work with a trainer to enhance knowledge and skills. They will enroll in and complete the Career Development Courses, and will initiate task qualification training in STS Core tasks and all STS tasks assigned for the duty position. Once task certified, a trainee may perform the task unsupervised.

2.3. Journeyman (5) Level.

2.3.1. Once upgraded to the 5-skill level, journeymen will enter into continuation training to broaden their experience base. Individuals will attend the Airman Leadership School (ALS) at the

appropriate point of their enlistment. Five-skill-levels may be considered for appointment as training certifiers after promotion to SSgt. Also after award of the 5-skill level, first-term airmen in their CAREERS window, and career airmen, may apply for lateral training into one of the surgical sub-specialties, Urology (4N1X1B), Orthopedics (4N1X1C), or Otolaryngology (4N1X1D). Five-level individuals may be assigned in various positions in Surgery, Central Sterile Processing/Supply, surgical specialty clinics and other areas relating to the Surgical Flight. They should also consider continuing education toward a CCAF degree in Surgical Services Technology.

2.3.1.1 EXCEPTION TO POLICY:

2.3.1.1.1. 4N151 First Term Airmen may apply for lateral retraining prior to their normal CAREERS window if they have served a minimum of 24 months (36 months for 6 year enlistees) of their enlistment for entry into the 4N1X1B, 4N1X1C, and 4N1X1D shreds of their AFSC only. Members selecting this option will be using their CAREERS option.

2.3.1.1.2. If a member is stationed overseas they must have a DEROS or be willing to extend DEROS out to 12 months after the class graduation date or member has an indefinite DEROS and will serve 12 months after course graduation.

> Individuals awarded AFSCs authorized for use without shreds are considered proficient in the basic AFSC and may be used in either the shred or the basic AFSC. EXAMPLE: An individual's PAFSC is 4N151D. Because this AFSC is authorized to be used without the shred, the individual is considered qualified to work in either AFSC 4N151 or 4N151D. However while a 4N151 may temporarily work in a specialty clinic they will not be awarded a shred until they have completed all formal course/training requirements for award of the shred

2.3.2. 4N131B, Urology Surgical Apprentice. Upon selection for lateral training, the trainee will attend the Urology in-residence course. Upon completion of initial skills training, a trainee will work with a trainer to enhance knowledge and skills. The trainer will initiate task qualification training in STS Core tasks and all STS tasks assigned for the duty position. Once task certified, a trainee may perform the task unsupervised. 5-skill-level journeymen will also enter into continuation training to broaden their experience base. Five-level individuals may be assigned in various positions in the Urology Clinic and related areas.

2.3.3. 4N131C, Orthopedic Surgical Apprentice. Upon selection for lateral training, the trainee will attend the Orthopedic in-residence course. Upon completion of initial skills training, a trainee will work with a trainer to enhance knowledge and skills. The trainer will initiate task qualification training in STS Core tasks and all STS tasks assigned for the duty position. Once task certified, a trainee may perform the task unsupervised. 5-skill-level journeymen will also enter into continuation training to broaden their experience base. Five-level individuals may be assigned in various positions in the Orthopedic Clinic and related areas.

2.3.4. 4N131D, Otolaryngology Surgical Apprentice. Upon selection for lateral training, the trainee will attend the Otolaryngology in-residence course. Upon completion of initial skills

training, a trainee will work with a trainer to enhance knowledge and skills. The trainer will initiate task qualification training in STS Core tasks and all STS tasks assigned for the duty position. Once task certified, a trainee may perform the task unsupervised. 5-skill-level journeymen will also enter into continuation training to broaden their experience base. Five-level individuals may be assigned in various positions in the Otolaryngology Clinic and related areas.

2.4. Craftsman (7) Level.

2.4.1. A Craftsman can expect to fill positions such as various NCOIC staff positions in Surgical Flight, Central Sterile Processing/Supply, clinics, and any other requirement specified in the Air Force Enlisted Classification Directory (AFECD). Continuation training is available and should be used based on the individual's particular training needs. Seven-levels should take courses to obtain added knowledge on management of resources and personnel. To assume the rank of MSgt, individuals must be graduates of the NCO Academy. Continued academic education is encouraged.

2.5. Superintendent (9) Level.

2.5.1. A Superintendent can expect to fill various supervisory and management positions relating to Surgical Services, Surgical Flight, Central Sterile Processing/supply, clinics, and any other requirements specified in the AFECD, Air Force Enlisted Classification Directory. Additional training in the areas of budget, manpower, resources, and personnel management should be pursued though continuing education. Completion of the Senior Noncommissioned Officer Academy is highly recommended. Additional higher education and completion of courses outside of the career AFSC are also recommended.

2.6. Air Force Career Field Manager

2.6.1. Per AFI 44-104, the CFM serves as enlisted consultant to the SG for all AFSC related matters. In addition, enlisted CFMs have primary responsibilities as defined in AFPD 36-22, *Military Trainin*g; AFI 36-2201, *Air Force Training Program*; *Volume 5, Career Field Education and Training*; AFI 36-2101*, Classifying Military Personnel (Officers and Enlisted)*; AFECD, *Air Force Enlisted Classification Directory*. Additional responsibilities developed and other Air Force directives and instructions will be provided to CFMs when available.

2.6.2. CFM Primary Duties and Responsibilities:

2.6.2.1. Develop and maintain currency of Career Field Education and Training Plans (CFETPs).

2.6.2.2. Act as chairperson for AFSC Utilization and Training Workshops (U&TWs).

2.6.2.3. Assist Technical Training Managers and course personnel with planning, developing, implementing, and maintaining all AFSC-specific training courses.

2.6.2.4. Act as final waiver authority for training/classification requirements (except for ANG/AFRES personnel and active duty two-time CDC failures).

2.6.2.5. Assist the Air Force Occupational Measurement Squadron (AFOMS) in identifying subject matter experts (SMEs) for Specialty Knowledge Test (SKT) rewrite projects; act as consultant on promotion test content and question validity inquirers.

2.6.2.6. Assist AFOMS in developing and administering Job Inventory Surveys and interpreting Occupational Survey Report (OSR) data.

2.6.2.7. Develop, coordinate, and implement career field classification/structure changes.

2.6.3. CFM Secondary Responsibilities:

2.6.3.1. Role in the Enlisted Assignment Process. The medical enlisted assignment system is the responsibility of HQ AFPC/DPAAD2 and the HQ AFPC/DPAC (Chief's Group). AFCFMs may act as AFSC consultants to MAJCOM, TRICARE Lead Agents, and AFPC assignment managers regarding assignment actions. In this consultant role, they may assist with:

2.6.3.1.1. Identifying candidates for PCS/PCA/TDY assignments, particularly special duty positions.

2.6.3.1.2. Advertising position vacancies, especially urgent fill requirements.

2.6.3.1.3. Resolving staffing imbalances between MAJCOMS and medical treatment facilities.

2.6.3.1.4. Resolving problems relating to training flow and follow-on assignments.

2.6.3.1.5. Fielding inquiries pertaining to career progression and classification that are originally routed to AFPC/DPAAAD.

NOTE: Career field managers do not control assignments and should not be considered as individuals who can manipulate the assignment system.

2.6.3.2. Role in AFSC Manpower Management. The Surgeon General's Manpower Division, HQ USAF/SGMM, uses a team of medical officer functional advisors to assist with manpower issues. Enlisted CFMs work with their officer counterparts in manpower planning, development, and management processes. Two manpower projects that CFMs will be routinely involved with are (1) helping develop/revise manpower standards/additives and work center descriptions; and (2) providing inputs to the Enlisted Grade Allocation by Career Progression Groups (CPG) Review program.

2.6.3.3. Medical enlisted CFMs will automatically be appointed to Interservice Training Review Organization (ITRO) training consolidation Quick Look Groups (QLGs) and Detailed Analysis Groups (DAGs) as the primary enlisted representatives for their specialty unless otherwise approved by HQ. HQ USAF/SGWP will notify CFMs of pending formation of QLGs/DAGs that relate to their AFSCs.

2.6.3.4. Role in Establishing Networks of MAJCOM AFSC Functional Managers (MFMs) and Specialty Training Consultants (STCs). All medical enlisted AFCFMs are encouraged to work with MAJCOM/SGs to establish a network of these MAJCOM senior enlisted AFSC functional representatives. These representatives perform the functions/duties listed in para 2.7 and 2.8. of this CFETP. Final approval of MFMs and SMEs, as well as designation of specific duties and responsibilities, rests with MAJCOM/SGs. CFMs must coordinate all requests for appointment of MAJCOM functional managers/SMEs with MAJCOM/SGs for approval.

2.6.3.5. Delegation of Medical Enlisted CFM duties to other individuals. In many instances, the CFM's duties will become extremely time consuming, therefore, delegation of certain task to MAJCOM functional managers or other AFSC senior enlisted personnel will be appropriate. In AFSCs with specialty shredouts, CFMs should formally appoint SNCOs to act as shredout consultants. Delegation of CFM duties and responsibilities and appointment of shredout consultants will be done in writing. The CFMs will coordinate delegations of specific duties/responsibilities and shredout consultant appointments with their respective corps chief or associate corps chief and SG Chief Consultants. Information copies of the coordinated and approved documents pertaining to duty delegation will be sent be to HQ USAF/SGWP for record keeping purposes and dissemination to interested agencies. Supervisors must adjust the primary duties, responsibilities, and workload of AFCFMs under their supervision in order to allow them adequate time to devote to their critical roles as CFMs and to minimize the need for delegation of duties.

2.7. MAJCOM AFSC Functional Manager/Advisor

2.7.1. The AFCFM appoints one AFSC functional manager/advisor for each major command. Duties of these individuals include, but are not limited to:

2.7.1.1. Assist in developing and maintaining the currency of Career Field Education and Training Plans (CFETP). Establish review procedures. Coordinate on new and proposed classification changes and publicizing approved changes.

2.7.1.2. Serve as MAJCOM Representative at AFSC Utilization and Training Workshops (U & TW.)

2.7.1.3. Assist technical training managers and course personnel with planning, developing, implementing, and maintaining all AFSC-specific training courses.

2.7.1.4. Assist the AFCFM and Air Force Occupational Measurement Squadron (AFOMS) in identifying subject matter experts (SME) for Specialty Knowledge Test (SKT) rewrite projects.

2.7.1.5. Assist AFOMS in developing and administering Job Surveys and interpreting Occupational Survey Report (OSR) data.

2.7.1.6. Coordinate and implement career field classification/structure changes.

2.7.1.7. Disseminate Air Force and career field information, policies and program requirements.

2.7.1.8. Maintain regular and consistent contact with all Medical Treatment Facilities (MTF) within the command. To include, but not limited to:

2.7.1.8.1. Compilation of information concerning recent personnel changes.

2.7.1.8.2. Address concerns/issues within the command and forward them to the AFCFM.

2.7.1.9. Assignments: *Career field managers/advisors DO NOT control assignments and should not be considered as individuals who can manipulate the assignment system.* The medical enlisted assignment system is the responsibility of HQ AFMPC/DPAA2. However, it is imperative that MAJCOM functional advisors be knowledgeable of authorizations and assignments within the MAJCOM to better serve as consultants to MAJCOM assignment managers regarding assignment actions. As such, they may:

2.7.1.9.1. Identify candidates for PCS/PCA/TDY assignments.

2.7.1.9.2. Advertise position vacancies for urgent fill requirements (short notice separations/discharges, etc.).

2.7.1.9.3. Assist in resolving staffing imbalances between MTFs (command leveling).

2.7.1.9.4. Assist assignment staffers by fielding inquiries pertaining to career progression and classification.

2.7.1.9.5. Be knowledgeable of authorizations and assignments within the MAJCOM and identify special surgical needs.

2.7.1.10. Fulfill any other duties as required by the AFCFM.

2.8. Specialty Consultant

2.8.1. The AFCFM appoints specialty consultants for each level of formal training, for each subspecialty (shred), and for other areas as required. Duties of these individuals include, but are not limited to:

2.8.1.1. Acts as primary Subject Matter Expert for the career field.

2.8.1.2. Assist in development and maintenance of the CFETP as it relates to the area of specialty. Establish review procedures. Coordinate on new and proposed classification changes and publicizing approved changes.

2.8.1.3. Serve as AF Shred Representative at AFSC Utilization and Training Workshops (U & TW.)

2.8.1.4. Assist technical training managers and course personnel with planning, developing, implementing, and maintaining all AFSC-specific training courses.

2.8.1.5. Coordinate development and maintenance of Qualification Training Packages (QTPs) relating to the area of specialty.

2.8.1.6. Maintain regular and consistent contact with all Medical Treatment Facilities (MTF). To include, but not limited to:

2.8.1.6.1 Compilation of information concerning recent personnel changes.

2.8.1.6.2. Address concerns/issues and forward them to the AFCFM.

2.8.1.7. Fulfill any other duties as required by the AFCFM.

3. Training Decisions.

The CFETP uses a building block approach (simple to complex) to encompass the entire spectrum of training requirements for the 4N1X1X career field. The spectrum includes a strategy for when, where, and how to meet the training requirements. The strategy must be apparent and affordable to reduce duplication of training and eliminate a disjointed approach to training. Decisions were made as to the content of the CFETP during the Surgical Service Specialty Utilization and Training Workshop, held 27-31 March, 2006 at Sheppard AFB, Texas.

3.1 Initial Skills Training: Initial skills course content (3-skill level) will be revised to provide training needed to prepare graduates for Surgical Service Specialty positions

3.2. Upgrade Training.: The current Career Development Courses (CDCs) used for Journeyman and Craftsman training will be revised..

3.3. STS Changes: Core tasks and other requirements for 5- and 7-skill levels were established.

4. Community College of the Air Force (CCAF)

4.1. Enrollment

4.1.1. Enrollment in CCAF occurs upon completion of basic military training. Off-duty education is a personal choice that is encouraged for all.

4.2. Earning a CCAF Associate's Degree

4.2.1. CCAF provides the opportunity to obtain an Associate of Applied Science Degree in Surgical Services Technology as follows:

4.2.1.1. The five-skill level *must* be held at the time of program completion.

4.2.1.2. Degree requirements:

Subject	Maximum Semester Hours
Technical Education	24
Leadership, Management, and Military Studies	6
Physical Education	4
General Education	15
Program Elective (Technical Education; Leadership, Management, and Military Studies; or General Education)	15
Total Requirement:	**64**

4.2.2.1. Technical Education (24 Semester Hours). A minimum of 12 semester hours of Technical Core subjects/courses must be applied and the remaining semester hours applied from Technical Core/Technical Elective subjects/courses. Requests to substitute subjects/courses must be approved in advance by the Services Branch. Technical education may be obtained as follows:

Technical Core (12-24 Hours)	
Subjects/Courses	Maximum Semester Hours
CCAF Internship	16
Fundamentals of Central Sterile Supply	3
Operating Room Practicum	16
Operating Room Technology	12
Surgical Nursing	6

Technical Electives (0-12 Hours)	
Subjects/Courses	Maximum Semester Hours
Computer Science	6
Emergency Medicine	6
Enlisted Professional Military Education	12
General Biology	4
General Chemistry	4
General Psychology	3
Medical Readiness	3
Human Anatomy and Physiology	8
Nursing	6

4.2.2.2. Leadership, Management, and Military Studies (6 Semester Hours). Professional military education and/or civilian management courses. The preferred method of completing Leadership, Management, and Military Studies is through attendance at an Airman Leadership School, Major Command NCO Academy, and/or Air Force Senior NCO Academy. However, civilian courses that emphasize fundamentals of managing human or material resources may also be applicable.

4.2.2.3. Physical Education (4 Semester Hours). This requirement is satisfied by completion of basic military training.

4.2.2.4. General Education (15 Semester Hours). This requirement is satisfied by application of courses accepted in transfer or by testing credit. The following is a specific breakdown of requirements:

Subjects/Courses	Maximum Semester Hours
Oral Communication (Speech)	3
Written Communication (English composition)	3
Mathematics: Intermediate algebra or a college-level mathematics course is required. If an acceptable mathematics course is applied as a Technical or Program Elective, a natural science course meeting General Education Requirement (GER) application criteria may be applied as a GER.	3
Social Science: Anthropology, archaeology, economics, geography, government, history, political science, psychology, sociology.	3
Humanities: Fine arts (history, criticism, and appreciation), foreign language, literature, philosophy, religion.	3

4.2.5.5. Program Elective (15 Semester Hours). Satisfied with applicable Technical Education; Leadership, Management, and Military Studies; or General Education subjects/courses, including natural science courses meeting GER application criteria. Six semester hours of CCAF degree-applicable technical credit otherwise not applicable to this program may be applied.

4.2.6. Surgical Technologist Certification. There are two certification bodies for the Surgical Technologist certification

4.2.6.1. For certification, Surgical Service Apprentice course graduates who graduated after 1 Jan 2003, *(after award of the 5-skill level),* should contact the National Center for Competency (NCCT) Testing, via their website at http://www.ncctinc.com .

4.2.6.2. For certification, Surgical Service Apprentice course graduates *who graduated between* 1 Jan 1988 and 1 Jan 2003 *(after award of the 5-skill level)* should contact either the NCCT, or the Liaison Council on Certification, Association of Surgical Technologists Inc. via their website at http://www.lcc-st.org . These graduates are eligible for both NCCT and LCC-ST certification exam

4.2.7. For certification in Sterile Processing and Distribution, degree graduates with 6 months' experience in sterile processing and distribution should contact the Certification Board for Sterile Processing and Distribution, Inc. via their website at http://www.sterileprocessing.org .

4.2.8. Orthopedic technicians can apply for certification through the National Board for Certification of Orthopedic Technologist (NBCOT) certification programs. To be eligible you must have attended an orthopedic technologist school/program and have 6 months full-time experience in orthopedics, **or** you must have at least 2 years of full-time work experience in orthopedics. If you pass the test, you become a certified orthopedic technologist (OST). Once you become a certified OTC, there is another level of certification you can apply for, Orthopedic Technologist-Surgery Certified. To apply for this certification, you must be a certified OTC and have at least 1 year of experience in the surgical setting. For information on testing, contact the National Association of Orthopedic Technologists, via their web site at http://www.naot.org .

4.2.9. Urology technicians can apply for certification as Certified Urology Associate (CUA) through the Society of Urologic Nurses and Associates (SUNA). To apply, you must have at least 3 years on the job training under the supervision of a practicing urologist. Individuals successfully completing the certification process may use their credentials for a period of 3 years. For more information, contact the Society of Urologic Nurse and Associates via their web site,http://www.suna.org .

4.3. Other CCAF Programs.

In addition to the Associates degree program, CCAF offers the following:

4.3.1. Occupational Instructor Certificate. Upon completion of instructor qualification training, consisting of an instructor methods course and supervised teaching internship, CCAF instructors who possess an associate's degree or higher may be nominated by their school commander/commandant for certification as an Occupational Instructor.

4.3.2. Instructor of Technology and Military Science. CCAF provides the opportunity to obtain an Associates degree in Instructor of Technology and Military Science Degree. This degree is available to AETC Technical Instructors. For further information, refer to the CCAF general catalog.

4.3.3.   Additional off-duty education is a personal choice that is encouraged for all. Individuals desiring to become an Air Education and Training Command Instructor should be actively pursuing an Associates degree. Special Duty Assignment (SDA) requires an AETC instructor candidate to have a CCAF degree or be within one year of completion (45 semester hours [SH]).A degreed faculty is necessary to maintain accreditation through the Southern Association of Colleges and Schools.

5. Career Field Path

5.1 Enlisted Career Pyramid
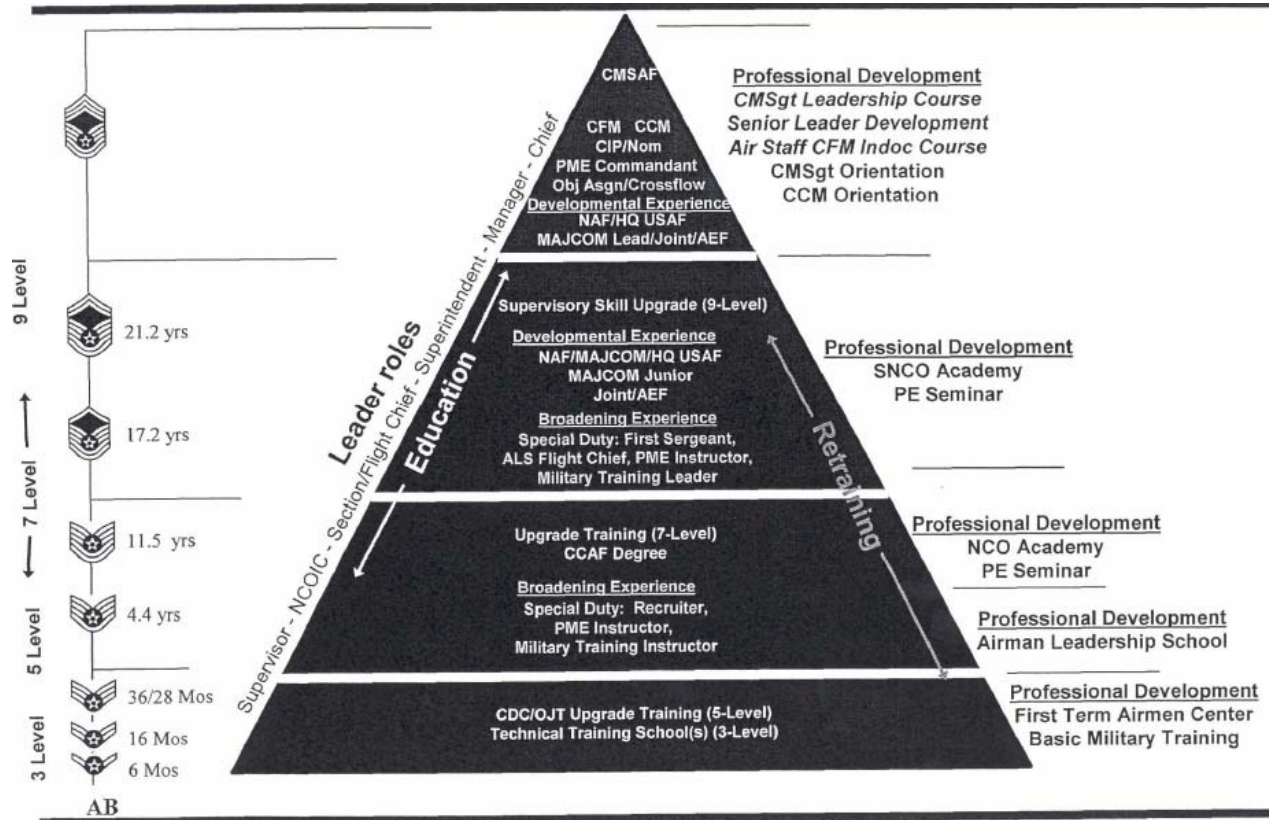
5.2 Enlisted Force Development
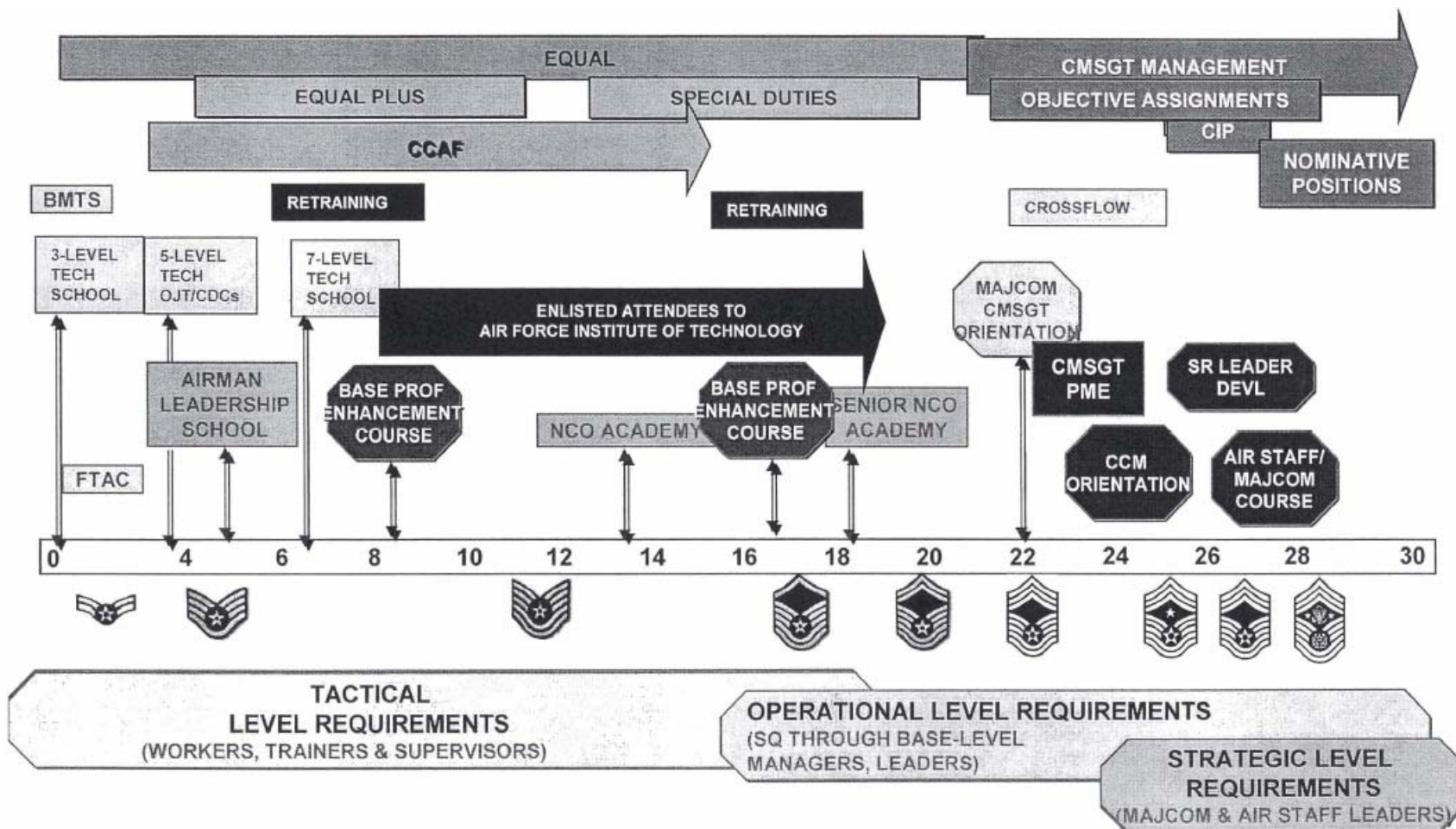
5.3. Enlisted Career Path.

EDUCATION AND TRAININGREQUIREMENTS	BADGE WORN	GRADE REQUIREMENTS			
		Rank	**Average Sew-On**	**Earliest Sew-On**	**High Year Of Tenure (HYT)**
Basic Military Training School	**None**				
Apprentice Technical School 4N131 (3-Skill Level)	**Basic** Awarded after completing initial skills training	Amn A1C	6 months 16 months		
Upgrade To Journeyman 4N151/X(5-Skill Level) - Minimum 15 months on-the-job training. (9 months for retrainees with 5-level in previous AFS). - Complete appropriate CDCs - Certification of all core tasks and duty position requirements.		SrA	3 years	28 months	12 Years
Airman Leadership School (ALS) - Must be a SrA with 48 months time in service or be a SSgt Selectee. - Resident graduation is a prerequisite for SSgt sew-on (Active Duty Only).		**Trainer** - Recommended by Supervisor. - Be qualified task being trained. - Must have attended the Air Force Training Course.			
Upgrade To Craftsman 4N171/X (7-Skill Level) - Minimum rank of SSgt. - 12 months OJT upgrade training (6 months if individual holds 7-level in a previous AFS) - Complete 7-level CDCs when available. - Certification of all duty position requirements.	**Senior** Awarded after award of the 7-skill level	SSgt	4.5 years	3 years	20 Years
Noncommissioned Officer Academy (NCOA) - Must be a TSgt or TSgt Selectee. - Resident graduation is a prerequisite for MSgt sew-on (Active Duty Only). - Completion of the SrNCO Academy (correspondence)		**Certifier** - At least a SSgt with a 5-skill level (or civilian equivalent). - A person other than the trainer. - Qualified and certified to perform the task to be trained. - Attend the Air Force Training Course.			
USAF Senior NCO Academy (SNCOA) - Must be a SMSgt, SMSgt Selectee, or selected MSgt. - Resident graduation is a prerequisite for CMSgt sew-on (Active Duty Only).	**Master** Awarded to MSgt or above, minimum 5 years as 7-skill level in the specialty	TSgt MSgt	11.6 years 17.5 years	5 years 8 years	24 Years 26 Years
Upgrade To Superintendent 4N191 (9-Skill Level) - Minimum rank of SMSgt. .		SMSgt	21 years	11 years	28 Years
CEM 4N000		CMSgt	24 years	14 years	30 Years

5.4. Surgical Service Specialty (4N1X1X) Career Path

4N1X1 Career Path
Surgical Service Specialty

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                    │  Basic Training │
                    │       AB        │
                    └─────────────────┘
                             │
                    ┌──────────────────────────┐
                    │ J3AQR4N131 01AC Resident  │
                    │ J5ABO4N131 02AC Phase II  │
                    └──────────────────────────┘
                             │
      ◇                ┌─────────────────┐
   SURGICAL            │ 4N131 Apprentice│
   SHREDOUT  ─────────→│    AB - A1C     │
  4N131 B/C/D          └─────────────────┘
      ◇                        │
                    ┌─────────────────┐
                    │   CDC / OJT     │
                    └─────────────────┘
                             │
                    ┌─────────────────┐      ┌─────────────┐
                    │ 4N151 Journeyman│──────│  ALS @ SRA  │
                    │   SrA - SSgt    │      └─────────────┘
                    └─────────────────┘
                             │
        NO        ┌─────────────────┐
      ──────────→ │   4N171 CDCe    │
                  │ and OJT Program.│
    YES           └─────────────────┘
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    ┌───┐         ┌─────────────────┐      ┌────────────────┐
    │ 1 │         │ 4N171 Craftsman │──────│ NCOA @ TSGT    │
    └───┘         │   TSgt - MSgt   │      └────────────────┘
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                  │ 4N191 Superintendent │───│ SNCOA @ SMSGT    │
                  │        SMSgt         │   └──────────────────┘
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                           │
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                  │ 4N000 Medical Service  │
                  │       Manager          │
                  │        CMSgt           │
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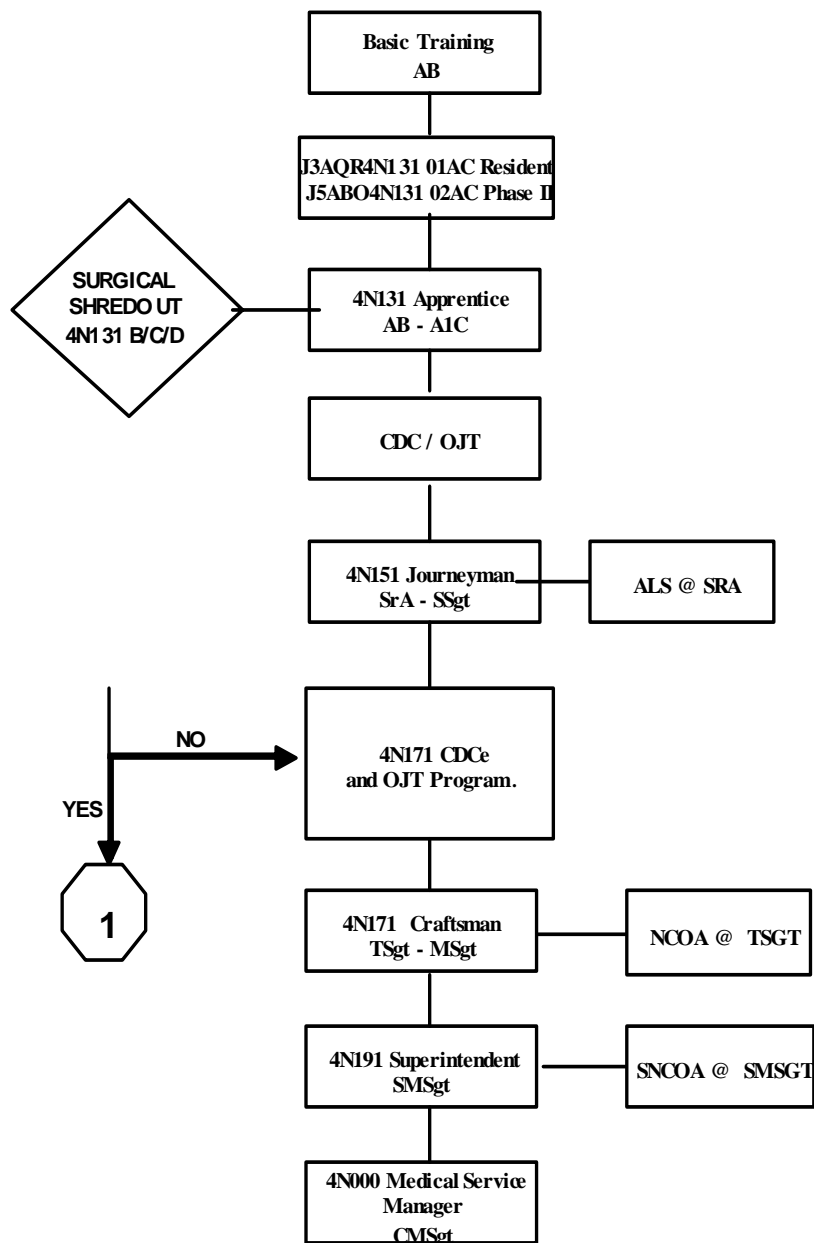
NOTE: Selected Master Sergeants may attend SNCOA.

5.5. Surgical Service Specialty (4N1X1XB/C/D) Career Path.

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                          └────┬────┘
                               │
                        ╱──────┴──────╲
                      ╱  SURGICAL SHRED  ╲
                    ╱      MAJCOM          ╲      NO      ┌──────────┐
                   ╱    REQUIREMENT         ╲──────────▶ │  4N131   │
                    ╲ LATERAL TRAIN ACCEPTED╱            │  4N151   │
                      ╲    4N1X1 B/C/D     ╱             └──────────┘
                        ╲──────┬──────────╱
               YES           YES            YES
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J5ALN4N1X1B00AA Urology PDS Code 3FO	J5ALA4N1X1C00AA Orthopaedics PDS Code SZ3	J5ALN4N1X1D00AA Otolaryngology PDS Code 1TU

4N1X1B/C/D

4N151 CDCs if not a lateral retrainee
Proficiency Training

4N151 B/C/D Journeyman ── **ALS @ SRA**

4N171 CDCs and OJT Program

SSgt

TSgt – MSgt
Shreds test against slicks for SMSgt ── **NCOA @ TSGT**

4N191 Superintendent SMSgt ── **SNCOA @ SMSGT**

4N000 Medical Service Manager CMSgt

NOTE: Selected Master Sergeants may attend SNCOA.

Section C - Skill Level Training Requirements

1. Purpose.

1.1. Skill level training requirements in this career field are defined in terms of tasks and knowledge requirements. This section outlines the specialty qualification requirements for each skill level in broad, general terms and establishes the mandatory requirements for entry, award and retention of each skill level. The specific task and knowledge training requirements are identified in the STS at Part II, Sections A and B of this CFETP.

2. Specialty Qualification Requirements.

2.1. Apprentice Level Training

2.1.1. **Knowledge.** The following knowledge is mandatory for award of 4N131: Fundamentals of anatomy and physiology; principles of asepsis and sterile techniques; preparing and storing surgical sets and packs, surgical instrumentation, and equipment; OR and anesthesia procedures; pathology as it applies to specimen care and handling; basic microbiology and infection control principles; basic surgical pharmacology; sterilizing and disinfecting procedures; surgical and anesthesia complications and their treatment; hospital and OR environmental hazards and safety procedures; handling and storage of compressed gases; basic medical materiel procedures; basic medical administration procedures; legal aspects of perioperative care and medical ethics; roles and qualifications of surgical team members; and basic clinical functions.

2.1.2. **Education.** Completion of high school or general educational development (GED) equivalency is mandatory for entry into this AFSC. Courses in general science, biology, psychology, and chemistry are desirable.

2.1.3. **Training.** Completion of the basic surgical service course is mandatory for award of the apprentice skill level.

2.1.4. **Training Sources and Resources.**

2.1.4.1. Completion of the Surgical Service Apprentice Course at Sheppard AFB, TX and Surgical Service Apprentice Phase II at a designated site satisfies the knowledge and training requirements specified in the specialty qualification section (above) for award of the 3-skill level.

2.1.4.2. QTPs are Air Force publications and are mandatory for use during upgrade/qualification training when available for a duty position, program, or piece of equipment. These packages are identified and made available on the official AF Publications Electronic Master Catalog of Training Documents along with the CFETP. Procedures for requesting QTP development are also contained on the AF Pubs website. A list of all training courses to support education and training, including QTPs, is in Part II, Sections D and C, of this CFETP.

2.1.5. **Implementation.** After 3-level graduation, job qualification training starts when an individual is assigned to their first duty position. Thereafter, it is initiated anytime an individual

is assigned duties they are not qualified to perform. QTPs will be used concurrently to obtain necessary duty position qualifications.

2.2. Journeyman Level Training

2.2.1 **Specialty Qualification.** All 4N131/B/C/D qualifications apply to the 4N151/B/C/D respective requirements.

2.2.1.1. Individuals must hold AFSC 4N1X1 for qualification for lateral training to the 4N1X1B/C/D sub-specialties.

2.2.1.2. Other qualification information is located in the official specialty description in the AFECD.

2.2.2. **Knowledge.**

2.2.2.1. For the basic AFSC, and all shreds, knowledge of the following is mandatory: Fundamentals of anatomy and physiology; principles of asepsis and sterile techniques; preparing and storing surgical sets and packs, surgical instrumentation, and equipment; OR and anesthesia procedures; pathology as it applies to specimen care and handling; basic microbiology and infection control principles; basic surgical pharmacology; sterilizing and disinfecting procedures; surgical and anesthesia complications and their treatment; hospital and OR environmental hazards and safety procedures; handling and storage of compressed gases; basic medical materiel procedures; basic medical administration procedures; legal aspects of perioperative care and medical ethics; roles and qualifications of surgical team members; basic clinical functions; military hygiene and sanitation; risk management, disaster preparedness, and chemical warfare.

2.2.2.2. In addition to 2.2.2.1., for the 4N151B shred, knowledge of the following is mandatory: anatomy and physiology of the genitourinary system and its disorders; genitourinary system terminology; and radiology techniques in urological procedures. Must also maintain a working knowledge of surgical instrumentation/procedure set-up for urological procedures.

2.2.2.3. In addition to 2.2.2.1., for the 4N151C shred, knowledge of the following is mandatory: anatomy and physiology of the musculoskeletal system and its disorders; musculoskeletal system terminology; common practices, techniques; and principles of fracture immobilization including plaster and other casting materials; methods and principles of traction application; and common orthopedic complications and their management. Must also maintain a working knowledge of surgical instrumentation procedure set-up for orthopedic procedures.

2.2.2.4. In addition to 2.2.2.1., for the 4N151D shred, knowledge of the following is mandatory: anatomy and physiology of the head and neck; disorders of ENT; medical terminology related to the ENT specialty; and special audiometry testing. Must also maintain a working knowledge of surgical instrumentation procedure set-up for otolaryngology procedures.

2.2.3. **Education.** To assume the grade of SSgt individuals must be graduates of the Airman Leadership School.

2.2.4. **Training.** Completion of the following requirements is mandatory for the award of the 5-skill level AFSC: (1) completing CDCs 4N151A and 4N151B, (2) certification in all STS core tasks, (3) certification in all STS tasks for the assigned duty position, (4) completing any Qualification Training Packages for the assigned duty position, (5) receiving at least 15 months OJT.

2.2.4.1. Upon selection for lateral training, the trainee will attend the Urology (4N1X1XB) in-residence course, Orthopedic (4N1X1XC) in-residence course, or the Otolaryngology (4N1X1XD) in-residence course.

2.2.4.1.1 4N151B, Urology Surgical Service Journeyman. Upgrade training in this specialty consists of completing: (1) all STS core tasks, (2) all STS tasks for the assigned duty position, (3) any Qualification Training Packages assigned for the duty position, and (4) a minimum of nine months OJT following in-residence course. (Training Status Code F).

2.2.4.1.2. 4N151C, Orthopedic Surgical Service Journeyman. Upgrade training in this specialty consists of completing: (1) all STS core tasks, (2) all STS tasks for the assigned duty position, (3) any Qualification Training Packages assigned for the duty position, (4) a minimum of nine months OJT following in-residence course. (Training Status Code F).

2.2.4.1.3. 4N151D, Otolaryngology Surgical Service Journeyman. Upgrade training in this specialty consists of completing: (1) all STS core tasks, (2) all STS tasks for the assigned duty position, (3) any Qualification Training Packages assigned for the duty position, and (4) a minimum of nine months OJT following in-residence course. (Training Status Code F).

2.2.4.2 Failure to meet or maintain training qualifications will be managed IAW 36-2201, V3, Table A3.1, Line 14.

2.2.5. **Experience.** Possess AFSC 4N131B/C/D before entry into upgrade training.

2.2.6. **Training Sources and Resources.**

2.2.6.1. Completion of CDC courses 4N151A and 4N151B satisfies the knowledge requirements specified in the specialty qualification section (above) for award of the 5-skill level. The STS identifies all the core tasks required for qualification. Upgrade and qualification training are provided by qualified trainers using available QTPs. QTPs are Air Force publications and are mandatory for use when available for a duty position, program, piece of equipment, or skill/task. They are obtained through normal publication channels in accordance with the procedures on the official AF Publications Electronic Master Catalog of Training Documents website. Procedures for requesting development of QTPs to support training are also contained on the AF Pubs website. Requests for trainer/Certifier qualification training must be coordinated through the unit training manager. A list of all training courses to support education and training, and a list of available QTPs, is in Part II, Sections B and C (respectively), of this CFETP.

2.2.6.2. Completion of Urology, Orthopedics, or Otolaryngology courses satisfies the knowledge and training requirements specified in the specialty qualification section (above) for award of the sub-specialty AFSC shred.

2.2.7. **Implementation.** Upgrade training is initiated after award of the 3-skill level. Additional qualification training is initiated anytime trainees are assigned duties they are not qualified to perform. CDCs 4N151A and 4N151B, STS core tasks, and applicable QTPs must be completed to be awarded the 5-skill level.

2.3. Craftsman Level Training.

2.3.1. **Specialty Qualification.** All 4N151/B/C/D qualifications apply to the 4N171/B/C/D respective requirements.

2.3.2. **Knowledge.** All 4N151/B/C/D qualifications apply to the 4N171/B/C/D respective requirements.

2.3.3. **Education.** To assume the rank of MSgt individuals must be graduates of the NCO Academy.

2.3.4. **Training.** Completion of the following requirements is mandatory for the award of the 7-skill level AFSC: (1) certification in all STS core tasks, (2) certification in all STS tasks for the assigned duty position, (3) completion of applicable Qualification Training Packages, (4) completion of 7- level CDCs when available (If member laterally trained and previously held 4N171, 7-level CDCs are NOT required) (5) 12-months time in upgrade training (6-months for individuals who previously held 7-skill level)and (6) the minimum rank of SSgt.

2.3.5. **Experience.** Qualification in and possession of AFSC 4N151/B/C/D.

2.3.6. **Other.** N/A

2.3.7. **Training Sources and Resources.** The STS identifies all the core tasks required for qualification. Upgrade and qualification training are provided by qualified trainers using available QTPs. QTPs are Air Force publications and are mandatory for use when available for a duty position, program, piece of equipment, or skill/task. They are obtained through normal publication channels in accordance with the procedures on the official AF Publications Electronic Master Catalog of Training Documents website: (http://www.e-publishing.af.mil/). They can also be found on the 882 TRG (383 TRS) website (https://webm.sheppard.af.mil/882trg/). Procedures for requesting development of QTPs to support training are also contained on the AF Pubs website. Requests for trainer/Certifier qualification training must be coordinated through the unit training manager. A list of all training courses to support education and training, and a list of available QTPs, is in Part II, Sections B and C (respectively), of this CFETP.

2.3.8. **Implementation.** Upgrade training is initiated when an individual possesses the 5-skill level and holds the rank of SSgt-select or higher. Additional qualification training is initiated anytime trainees are assigned duties they are not qualified to perform. All STS core tasks, specifically identified 7-level tasks in the STS, applicable QTPs, and the 7-level CDCs when available must be completed for award of the 7-skill level.

2.4. Superintendent Level Training.

2.4.1. **Specialty Qualification.** All 4N171 qualifications apply.

2.4.2. **Knowledge.** Knowledge of the following is required: Surgical nursing theory and techniques; anatomy and physiology; medical ethics and legal aspects; operating room procedures; sterilization and aseptic techniques; transporting the sick and wounded; operation and maintenance of medical instrumentation and equipment; medical readiness; organization and function of surgical/medical service, central sterile supply, and clinical services; resource management; risk management; continual quality improvement programs, and administration.

2.4.3. **Education.** Completion of the Senior NCO Academy is desirable.

2.4.4. **Training.** Upgrade training to the 9-skill level in 4N1X1X, consists of promotion to the rank of SMSgt.

2.4.5. **Experience.** For award of AFSC 4N191, qualification in and possession of AFSC 4N171, 4N171B, 4N171C, or 4N171D is mandatory.

2.4.6. **Other.** N/A

2.4.7. **Training Sources/Resources.** N/A

2.4.8. **Implementation.** N/A

2.5. Readiness Skills Verification Training

> NOTE: RSV training is mandatory for all active duty, guardsmen, and reservists. RSVP training requirements can be found at the AFMS Medical Readiness Training website: https://kx.afms.mil/GlobalMedSupTngEx. This training needs to be documented on the document provided on the RSVP web site. If you are a 4N1X1X/B/C/D, you need to accomplish the training for your shred. ARC members must annotate requirements in CFETP per AFRCI 41-102

Section D - Resource Constraints

1. Purpose.

1.1. This section identifies known resource constraints which preclude optimal/desired training from being developed or conducted, including information such as cost and manpower. Narrative explanations of each resource constraint and an impact statement describing what effect each constraint has on training are included. Also included in this section are actions required, office of primary responsibility, and target completion dates. Resource constraints will be, as a minimum, reviewed and updated annually.

2. Specific Constraints.

2.1. Apprentice Level Training.

2.1.1. **Constraint.** No 3-skill level constraints exist.

2.2. Five Level Training.

2.2.1. **Constraint.** No 5-skill level constraints exist.

2.3. Lateral Training.

2.3.1 No lateral training constraints exist.

2.4. Seven-Level Training.

2.4.1. **Constraints.** No 7-skill level constraints exist.

Section E - Transitional Training Guide

NOTE: This area is reserved

PART II

Section A - Specialty Training Standard

1. Implementation. This STS will be used for technical training provided by AETC for resident class beginning 17 September 2007, and for all subsequent classes.

2. Purpose. As prescribed in AFI 36-2201V3, this STS:

2.1. Lists in column 1 of attachments 2, 3, 5, 7, and 9, the most common tasks and knowledge necessary for airmen to perform duties in the 3-, 5-, and 7-skill levels. These are based on an analysis of duties specified in the AFECD, Air Force Enlisted Classification Directory. A complete listing of all training references (TRs) that may be used for both formal course development and continuing education in the field is included in attachments 4, 6, 8, and10.

2.2. Identifies in column 2 which items are designated as core (C) tasks or wartime (W) course tasks.

2.2.1. Identifies in column 2 of attachments 2, 3, 5, 7, and 9, which of the items in column 1 are designated as core (3/5/7 – indicating which skill level/levels it is a core task for) tasks for the duty positions listed below. **Surgical Services Specialty personnel occupying any 4N1X1X duty position must be trained and certified on all respective tasks to be duty position qualified.** To be considered fully qualified and eligible for any skill level award, personnel must be duty position qualified, trained, and certified on any/all core tasks. **All 3-, 5-, and 7-level 4N1X1X personnel** (in grades Airman Basic through Technical Sergeant) **must maintain a current documented Individual Training Record, AF Form 623B, in Part 2 of their 6-part folder.** In addition, an AF Form 623b and CFETP are required for SNCOs, regardless of grade, in retraining status or as directed by the Air Force Career Field Manager. SNCOs are still required to maintain a 6-part folder.

2.2.1.1. Attachments 2 and 4 apply to **all 4N1X1X** personnel (4N1X1X/B/C/D).
2.2.1.2. Attachment 3 applies to all Clinical Technicians (4N1X1X/B/C/D).
2.2.1.3. Attachments 5 and 6 apply to Urology Technicians (4N1X1XB).
2.2.1.4. Attachments 7 and 8 apply to Orthopedic Technicians (4N1X1XC).
2.2.1.5. Attachments 9 and 10 apply to Otolaryngology Technicians (4N1X1XD).

2.2.2. Identifies in column 2 of attachments 2, 3, 5, 7, and 9, which of the items in column 1 are designated as wartime (*) course tasks. **Wartime course tasks are those STS items taught during the resident (3-level) wartime course. This course is only activated in time of war.** All tasks shown with a proficiency code in the 3-Skill-Level Course Column are trained in the resident wartime course. The purpose is to train new 4N131 personnel on items deemed absolutely essential in order to facilitate moving new personnel to the field as quickly as possible during a wartime situation. Wartime course tasks should not be confused with core tasks.

2.3. **Provides certification for OJT**. Column 3, of attachments 2, 3, 5, 7, and 9, provides a means to record completion of tasks and knowledge training requirements in order to provide

certification for OJT. Task/knowledge certification must show a certification and completed date.

2.4. **Shows formal training and correspondence course requirements**.

2.4.1. Column 4A, of attachments 2, 3, 5, 7, and 9, specifies the proficiency to be demonstrated on-the-job by the graduate as a result of training in the initial skills (3-level awarding for the basic 4N1X1X or specialty awarding for shreds) and advanced (7-level awarding) courses, respectively, as described in Education and Training and Course Announcements (ETCA).

2.4.2. Indicates correspondence course training requirements in column 4B of attachment 2. This column specifies the proficiency to be demonstrated on-the-job by the graduate as a result of training in the 5-level awarding Career Development Courses. See AFIADL/AFSC/CDC listing maintained by each unit training manager for current CDC listings.

2.4.3. Indicates correspondence course training requirements in column 4C of attachments 2 and 3. This column specifies the proficiency to be demonstrated on-the-job by the graduate as a result of training in the 7-level awarding Career Development Courses.

2.4.4. Specifies in column 4D of attachments 2, 3, 5, 7, and 9 which tasks have an available Qualification Training Package (QTP) to use on-the-job for both initial and recurring skills certification purposes. The number in column 4D designates the QTP volume number that the module can be found in. When applicable, items that relate to a common task are consolidated into one QTP module.

2.5. **Lists Qualitative Requirements**. Attachment 1 contains the proficiency code key used to indicate the level of training and knowledge provided by resident training and CDCs.

2.6. Use to document task when placed in AF Form 623, **Individual Training Record**, and used according to AFI 36-2201.

2.7. Becomes a job qualification standard (JQS) for on-the-job training when placed in AF Form 623, *Individual Training Record*, and used according to AFI 36-2201, V3, *Air Force Training Program on the Job Training Administration*. Air Force Job Qualification Standard (AFJQS) are training documents approved by the AFCFM for a particular job type or duty position within an AFS. **Supervisors and trainees** are responsible for accurate documentation within this document. When used as a JQS, the following requirements apply:

2.7.1. **CFETP/AFJQS Documentation**. All personnel authorized to sign off tasks in Part II of the CFETP must be listed on the Identification Block of the CFETP, Part II. Air Force Job Qualification Standard (AFJQS) are training documents approved by the AFCFM for a particular job type or duty position within an AFS. An AFJQS may be used in lieu of Part II of the CFETP only upon approval of the AFCFM. *NOTE:* The AFCFM may supplement these minimum documentation procedures as needed or deemed necessary for their Career Field. Refer to Section F at the end of this CFETP for training documentation (medical specific).

2.7.1.1. **Identify Duty Requirements**. Document and certify completion of training. Circle the appropriate letter/number in column 1 of attachments 2, 3, 5, 7, and 9, to identify duty position requirements of the trainee's current duty position to include core tasks. **For formal course instructors, all core tasks and core task QTPs (at a minimum) must be trained and certified.**

2.7.1.2. **Initial certification**. As a minimum, complete the following columns in Part II of the CFETP:

2.7.1.2.1. Document task qualification by annotating the **day, month, and year** (i.e., *04 Oct 0*2) training is started in column 3A of attachments 2, 3, 5, 7, and 9.

2.7.1.2.2. Document task qualification by annotating the **day, month, and year** (i.e., *04 Oct 0*2) training is completed in column 3B of attachments 2, 3, 5, 7, and 9.

2.7.1.2.3. Trainees Initials

2.7.1.2.4. Trainer Initials

2.7.1.2.5. Certifier's initials when required by AFCFM (for tasks requiring third-party certification) **Tasks requiring certifier's initials are annotated in the STS, Column 3E with a "^".**

NOTE: All entries on documents contained in the AF Form 623, to include the CFETP, AFJQS, AF Form 623a, AF Form 797, AF Form 1098, Special Task Certification and Recurring Training, AF Form 803, and any additional training documents as determined by local requirements, will be documented in pencil.

2.7.1.3. **Knowledge training**. Knowledge training is required when a CDC is not available or when training must be documented for a CDC waiver. As a minimum, supervisors must ensure that trainees cover the mandatory items in the AFECD. For two-time CDC course exam failures, supervisors identify all STS items corresponding to the areas covered by the CDC. The trainee completes a study of STS references, undergoes evaluation by the task Certifier, and receives certification on the STS. Career Knowledge must be documented prior to submitting a CDC waiver. Document knowledge training by circling the corresponding letter in the applicable skill level CDC column. Use the following procedures to document the CFETP:

2.7.1.3.1. Training start date (day, month, year).

2.7.1.3.2. Training complete date (day, month, year).

2.7.1.3.3. Trainee Initials.

2.7.1.3.4. Trainer Initials.

2.7.1.3.5. Certifier initials when required by AFCFM (for tasks requiring third-party certification) – if applicable.

2.7.1.4. **Performance Standard.** Trainees are trained and qualified to the "go" level on the tasks in column 1 of attachments 2, 3, 5, 7, and 9. "Go" means the trainee can perform the task without assistance and meets local demands for accuracy, timeliness, and correct use of procedures ("Go" level equates to **3c** in the STS proficiency code key). Supervisors will manage this process by assessing AFSC qualifications.

2.7.1.5. This document may be automated in whole or part to reflect duty position requirements and qualifications.

2.7.1.6. Trainers must be signed off in the task to be trained, be recommended by the supervisor, and complete the Air Force Training Course.

2.7.1.7. Certifiers must be at least a SSgt with a 5-skill level or civilian equivalent, certified in the task being evaluated, be someone other than the trainer, and complete the Air Force Training Course.

2.7.2. Transcribing documentation to a new CFETP is an administrative function, not a re-evaluation of training. During the transcription process no training is being accomplished. Transcribe within 120 days (240 days for ARC) of published date of revised CFETP. Upon publication of a new CFETP, use the following procedures to transcribe:

2.7.2.1. Use the new CFETP to identify and certify current training requirements and to retain previous qualifications from the previous version.

2.7.2.2. For tasks previously signed off and required in the current duty position, circle the task and enter the current date with the trainee initials in the trainee block (3C) and supervisor/trainer initials in the trainer block (3D).

2.7.2.3. For tasks previously certified but not required in the current duty position (do not circle), transcribe only the previous certification date (no initials).

2.7.2.4. Annotate the AF Form 623a, (for example, "I certify the information contained in the CFETP dated XX was transcribed to the CFETP dated XX, and the trainee was given the superceded CFETP." Signed, dated, supervisor and trainee).

NOTE: If and when transcribed tasks become duty position requirements, recertify using standard certification procedures. The person whose initials appear in the trainer or certifier block during the transcription process must meet the requirements of their respective roles.

2.7.3. Maintenance of CFETPs for personnel in retraining status. Maintain CFETP from previous AFSC until commensurate skill level is achieved, then give the obsolete field CFETP to the individual.

2.7.4. **Decertification and Recertification**. When a supervisor determines an airman is unqualified on a task previously certified for their duty position, the supervisor erases the previous certification, or deletes certification when using automated system. Appropriate

remarks pertaining to the reason for decertification are entered on the AF Form 623a, *On-The-Job Training Record Continuation Sheet*. Begin recertification (if required) following procedures in paragraph 2.7.1.3.

2.7.5. **Documenting Career Knowledge.** When a CDC is not available, the supervisor identifies STS training references that the trainee requires for career knowledge and ensures, as a minimum, that trainees cover the mandatory items in the AFECD. For two-time CDC course exam failures, supervisors identify all STS items corresponding to the areas covered by the CDC. The trainee completes a study of STS references, undergoes evaluation by the task Certifier, and receives certification on the STS. *NOTE:* Career Knowledge must be documented prior to submitting a CDC waiver.

2.8. The STS is a guide for development of promotion tests used in the Weighted Airman Promotion System (WAPS). Specialty Knowledge Tests (SKTs) are developed at the USAF Occupational Measurement Squadron by senior NCOs with extensive practical experience in their career fields. The tests sample knowledge of STS subject matter areas judged by test development team members as most appropriate for promotion to higher grades. Questions are based upon study references listed in the WAPS catalog. Individual responsibilities are in AFI 36-2605, *Air Force Military Personnel Testing System.* WAPS is not applicable to the Air National Guard.

3. Recommendations.

3.1. Report unsatisfactory performance of individual course graduates through proper channels to 882 TRG/TTS, 939 Missile Rd. STE 2, Sheppard AFB, TX 76311-2260. Reference specific STS paragraphs when forwarding reports. For a quick response to concerns, supervisors may call the 24-hour customer service information line (CSIL), DSN 736-2385, or e-mail: 882trg.csil@sheppard.af.mil to identify graduates who may have received over or under training on task/knowledge items listed in this STS.

3.2. Report inadequacies of and suggest corrections to this STS through proper channels to the same POC listed in paragraph 3.1.

Supersedes STS 4N1X1X, Nov 2004 and all subsequent changes.

<div align="center">
383 TRS/TRR
939 Missile Rd
Sheppard AFB, TX 76311-2245
</div>

BY ORDER OF THE SECRETARY OF THE AIR FORCE

OFFICIAL   JAMES G. ROUDEBUSH
                                                Lieutenant General, USAF, MC, CFS
                                                Surgeon General

Attachments
(1) Identification and Qualitative Requirements
(2) 4N1X1X personnel STS
(3) Clinic personnel STS
(4) 4N1X1 STS Training Reference (TR) Source Summary
(5) Urology (4N1X1XB) STS
(6) 4N1X1B STS Training Reference (TR) Source Summary
(7) Orthopaedics (4N151C) STS
(8) 4N1X1C STS Training Reference (TR) Source Summary
(9) Otolaryngology (4N151D) STS
(10) 4N1X1D STS Training Reference (TR) Source Summary

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Attachment 1: Identification and Qualitative Requirements

This Block Is For Identification Purposes Only		
Name Of Trainee		
Printed Name (*Last, First, Middle Initial*)	**Initials (Written*)***	**SSAN (Last 4)**

Printed Name Of Certifying Official And Written Initials	
N/I	*N/I*
N/I	*N/I*
N/I	*N/I*
N/I	*N/I*
N/I	*N/I*
N/I	*N/I*
N/I	*N/I*
N/I	*N/I*

QUALITATIVE REQUIREMENTS

Proficiency Code Key		
	Scale Value	**Definition: The individual**
Task Performance Levels	1	Can do simple parts of the task. Needs to be told or shown how to do most of the task. (Extremely Limited)
	2	Can do most parts of the task. Needs only help on hardest parts. (Partially Proficient)
	3	Can do all parts of the task. Needs only a spot check of completed work. (Competent)
	4	Can do the complete task quickly and accurately. Can tell or show others how to do the task. (Highly Proficient)
*Task Knowledge Levels	a	Can name parts, tools, and simple facts about the task. (Nomenclature)
	b	Can determine step by step procedures for doing the task. (Procedures)
	c	Can identify why and when the task must be done and why each step is needed. (Operating Principles)
	d	Can predict, isolate, and resolve problems about the task. (Advanced Theory)
**Subject Knowledge Levels	A	Can identify basic facts and terms about the subject. (Facts)
	B	Can identify relationship of basic facts and state general principles about the subject. (Principles)
	C	Can analyze facts and principles and draw conclusions about the subject. (Analysis)
	D	Can evaluate conditions and make proper decisions about the subject. (Evaluation)

Explanations

* A task knowledge scale value may be used alone or with a task performance scale value to define a level of knowledge for a specific task. (Example: b and 1b)

** A subject knowledge scale value is used alone to define a level of knowledge for a subject not directly related to any specific task, or for a subject common to several tasks.

- This mark is used alone instead of a scale value to show that no proficiency training is provided in the course or CDC.

X This mark is used alone in the course columns to show that training is required but not given due to limitations in resources.

/ This mark indicates dual codes. Dual codes indicate the established requirement followed by a slash mark (/) and the proficiency level that will be obtained under existing constraints, for example: 2b/X (unfounded) or 2b/a (partially funded). If a task or knowledge statement will not be supported by a formal course or CDC, us a dash (-).

NOTE: All tasks and knowledge items shown with a proficiency code are trained during war time.

Attachment 1: Identification and Qualitative Requirements

Explanation of columns/documenting training

NOTE: Users are responsible for annotating pen-and-ink and page inserts/deletions when specified by subsequent changes to this CFETP.

Column 1: Identifies the task/knowledge areas. Supervisors should circle the <u>task</u> items required for the individual's duty position as outlined in the master training plan (MTP).

Column 2: Items in column 2 marked with a "*" are the tasks/knowledge that are trained in resident wartime course. Those marked with a "3, 5, and/or 7" are core tasks, and those marked "* and a 3, 5, and/or 7" are core and wartime tasks. All core tasks must be completed prior to any upgrade in skill level.

Column 3: Used to document task proficiency/qualification to the *GO/NO-GO* level. Any item that has a "**^**" in Column 3E must be certified by a certifying official.

Column 4: Identifies the training proficiency levels taught in formal training courses such as resident training and CDCs.

NOTE: Training references are numbered in the STS and in the source summaries (attachments 4, 6, 8, and 10). The references are Air Force, DOD, other agency, or commercial publications that are essential for OJT and mission accomplishment. Unit OJT section will consolidate the requirements for the unit they support and order publications.

Tasks that have a "–" in the 3-, 5-, 7-skill level column are not trained in the resident or correspondence course. The tasks are listed for OJT training purposes only.

Attachment 2: 4N1X1 STS

1. Tasks, Knowledge And Technical References	War Time Task	Core Task	3. Certification For OJT					4. Proficiency Codes Used To Indicate Training/Information Provided (See Note)								RSV Task
			A	B	C	D	E	A 3 Skill Level		B 5 Skill Level			C 7 Skill Level			
	*	3/5/7	Tng Start	Tng Complete	Trainee Initials	Trainer Initials	Certifier Initials	Phase I Course	Phase II Course	(1) Course	(2) CDC	(3) QTP	(1) Course	(2) CDC	(3) QTP	RSV Task
1 Air Force Medical Service (AFMS) Organization																
1.1 AFMS TR: AFPD 44-1; AFI 44-102																
1.1.1 Air Force Doctrine	*							A	-	-	B		-	-		
1.1.2 Mission	*							A	-	-	B		-	-		
1.1.3 Organizational structure	*							A	-	-	B		-	-		
1.1.4 Functions	*							A	-	-	B		-	-		
1.2 Air Force Specialty (AFS) Job Descriptions TR: Air Force Enlisted Classification Directory (AFECD)																
1.2.1 4N1X1	*							A	-	-	B		-	-		
1.2.2 4N1X1B	*							A	-	-	B		-	-		
1.2.3 4N1X1C	*							A	-	-	B		-	-		
1.2.4 4N1X1D	*							A	-	-	B		-	-		
1.3 Career progression TR: AFECD; AFI 36-2101																
1.3.1 4N131	*							A	-	-	B		-	B		
1.3.2 4N151	*							A	-	-	B		-	B		
1.3.3 4N171	*							A	-	-	B		-	B		
1.3.4 4N191	*							A	-	-	B		-	B		
1.3.5 4N000	*							A	-	-	B		-	B		
1.4 Career field educational opportunities																
1.4.1 Education programs								-	-	-	B		-	-		
1.4.2 Certification Agencies								-	-	-	B		-	-		
1.4.2.1 Liaison Council on Certification for the Surgical Technologist (LCC-ST) certification programs TR: http://www.nbstsa.org/about/index.html								-	-	-	B		-	-		
1.4.2.2 National Center for Certification Testing (NCCT) certification programs								-	-	-	B		-	-		
1.4.2.3 Certification Board for Sterile Processing and Distribution, Inc. (CBSPD), certification programs TR: http://www.sterileprocessing.org/cbspd.htm								-	-	-	B		-	-		
1.4.2.4 Subspecialty certification programs								-	-	-	B		-	-		
1.4.2.4.1 National Board for Certification of Orthopedic Technologist certification TR: http://www.nbcot.net/								-	-	-	B		-	-		
1.4.2.4.2 Society of Urologic Nurses and Associates (SUNA) TR: http://www.suna.org/cgi-bin/WebObjects/SUNAMain								-	-	-	B		-	-		

1. Tasks, Knowledge And Technical References	War Time Task *	Core Task 3/5/7	3. Certification For OJT					4. Proficiency Codes Used To Indicate Training/Information Provided (See Note)								
			A	B	C	D	E	A 3 Skill Level		B 5 Skill Level			C 7 Skill Level			RSV Task
	*	3/5/7	Tng Start	Tng Complete	Trainee Initials	Trainer Initials	Certifier Initials	Phase I Course	Phase II Course	(1) Course	(2) CDC	(3) QTP	(1) Course	(2) CDC	(3) QTP	
1.5 Identify specific operations security (OPSEC)/communication security (COMSEC)/ computer security (COMPUSEC) AFSC vulnerabilities TR: AFI 10-701; AFI 33-201V1; AFI 33-202V1	*							A	-	-	-		-	-		
2 Standards of Conduct																
2.1 Ethical conduct																
2.1.1 Legal aspects/responsibilities	*							A	-	-	B		-	-		
2.1.2 Common negligent acts	*							A	-	-	B		-	-		
2.2 Health Insurance Portability and Accountability Act of 1996. (HIPAA) Guidelines TR: AFI 41-210; Public Law 104-191																
2.2.1 Patient confidentiality	*							A	-	-	B		-	-		
2.2.2 Release of patient information	*							A	-	-	B		-	-		
2.3 Demonstrate appropriate customer service techniques																
2.3.1 Active listening	*							a	-	-	b		-	b		
2.3.2 Verbal/non-verbal communication	*							a	-	-	b		-	b		
2.3.3 Telephone etiquette	*							a	-	-	b		-	b		
2.3.4 Conflict resolution	*							a	-	-	b		-	b		
2.4 Define patient advocacy																
2.4.1 Patient rights and responsibilities	*							A	-	-	B		-	B		
2.4.2 Patient sensitivity	*							A	-	-	B		-	B		
2.4.3 Cultural/religious sensitivity	*							A	-	-	B		-	B		
2.4.4 Emotional support for patient/ significant others																
2.4.4.1 Patient's needs	*							A	-	-	B		-	B		
2.4.4.2 Patient's fears	*							A	-	-	B		-	B		
3 Safety in AFMS Environment TR: AFOSHSTD 91-8; AFI 31-101; AFI 41-203; AFI 91-202; and AFI 91-301.																
3.1 AFOSH (Air Force Occupational Safety, Fire, Prevention, and Health)	*							A	-	-	B		-	-		
3.2 Operational Risk Management	*							A	-	-	B		-	B		
3.3 Hazard Communication Program (HAZCOM)	*							A	-	-	B		-	B		
3.4 Perform fire safety procedures	*	3/5/7						a	-	-	b		-	-		
3.5 Apply electrical safety standards:	*	3/5/7						a	-	-	-		-	-		
3.6 Grounding/electrical power systems	*	3/5/7						A	-	-	B		-	-		
3.7 Isolation/emergency power systems	*	3/5/7						A	-	-	B		-	-		
3.8 Demonstrate compressed gas safety management procedures																
3.8.1 Cylinder handling	*	3/5/7						a	-	-	b		-	-		
3.8.2 Cylinder storage	*	3/5/7						a	-	-	b		-	-		
3.8.3 In-line connectors/valves	*	3/5/7						a	-	-	b		-	-		
3.9 Demonstrate chemical safety procedures																
3.9.1 Handling	*	3/5/7						a	-	-	b		-	-		
3.9.2 Storage	*	3/5/7						a	-	-	b		-	-		

Attachment 2: 4N1X1 STS

1. Tasks, Knowledge And Technical References	War Time Task	Core Task	3. Certification For OJT					4. Proficiency Codes Used To Indicate Training/Information Provided (See Note)								RSV Task
			A	B	C	D	E	A 3 Skill Level		B 5 Skill Level			C 7 Skill Level			
	*	3/5/7	Tng Start	Tng Complete	Trainee Initials	Trainer Initials	Certifier Initials	Phase I Course	Phase II Course	(1) Course	(2) CDC	(3) QTP	(1) Course	(2) CDC	(3) QTP	
3.9.3 Disposal	*	3/5/7						a	-	-	b		-	-		
3.10 Demonstrate biohazard safety procedures																
3.10.1 Handling	*	3/5/7						2b	-	-	b		-	-		
3.10.2 Storage	*	3/5/7						2b	-	-	b		-	-		
3.10.3 Disposal	*	3/5/7						2b	-	-	b		-	-		
4 Infection Control TR: AFI 44-108; Structure & Function of the Body; Surgical Technology for the Surgical Technologist: A Positive Care Approach																
4.1 Types of microorganisms																
4.1.1 Viruses	*							A	-	-	B		-	-		
4.1.2 Bacteria	*							A	-	-	B		-	-		
4.1.3 Spores	*							A	-	-	B		-	-		
4.2 Blood borne pathogens	*							A	-	-	B		-	-		
4.3 The infectious process																
4.3.1 Modes of transmission	*							A	-	-	B		-	-		
4.3.2 Body defense mechanisms	*							A	-	-	B		-	-		
4.4 Perform hand washing	*	3/5/7						2b	3c	-	c	1	-	-	1	
4.5 Don scrub attire	*	3/5/7						2b	3c	-	c		-	-		
4.6 Limit movement in the surgical suite	*							2b	3c	-	-		-	-		
4.7 Proper personal hygiene techniques	*	3/5/7						B	-	-	B		-	-		
4.8 Center for Disease Control (CDC) Standard Precautions	*	3/5/7						B	-	-	B		-	-		
4.9 Perform cleaning procedures TR: Surgical Technology for the Surgical Technologist; A Positive Care Approach	*							2b	3c	-	c		-	-		
4.9.1 Surgical Suite																
4.9.1.1 Initial cleaning	*	3/5/7						2b	3c	-	c		-	-		
4.9.1.2 Between-case cleaning	*	3/5/7						2b	3c	-	c		-	-		
4.9.1.3 End-of-day cleaning	*	3/5/7						2b	3c	-	c		-	-		
4.9.1.4 Periodic cleaning	*	3/5/7						2b	3c	-	c		-	-		
4.9.2 Central sterile supply	*	3/5/7						2b	3c	-	c		-	-		
5 Central Sterile Supply TR: Surgical Technology for the Surgical Technologist: A Positive Care Approach; AAMI Standards																
5.1 Central Sterile Supply mission	*							A	-	-	B		-	B		
5.2 Perform Central Sterile Supply processing procedures																
5.2.1 Clean/dirty receiving	*	3/5/7						2b	3c	-	c		-	-		
5.2.2 Patient care item processing																
5.2.2.1 Washer decontaminator	*	3/5/7						b	2b/-	-	b	2	-	-	2	
5.2.2.2 Washer sterilizer	*	3/5/7						b	2b/-	-	b	2	-	-	2	
5.2.2.3 Ultrasonic cleaner	*	3/5/7						b	2b	-	b	2	-	-	2	
5.2.2.4 Other mechanical methods								-	-	-	b		-	-		
5.2.2.5 Manual methods	*	3/5/7						2b	2b	-	c	2	-	-	2	
5.2.2.6 Instrument lubrication								2b	2b	-	c		-	-		
5.3 Perform assembly procedures																

Attachment 2: 4N1X1 STS

1. Tasks, Knowledge And Technical References	War Time Task	Core Task	3. Certification For OJT					4. Proficiency Codes Used To Indicate Training/Information Provided (See Note)								
			A	B	C	D	E	A 3 Skill Level		B 5 Skill Level			C 7 Skill Level			
	*	3/5/7	Tng Start	Tng Complete	Trainee Initials	Trainer Initials	Certifier Initials	Phase I Course	Phase II Course	(1) Course	(2) CDC	(3) QTP	(1) Course	(2) CDC	(3) QTP	RSV Task
5.3.1 Instruments/supplies sorting	*	3/5/7						2b	3c	-	c	2	-	-	2	
5.3.2 Instruments/supplies inspection	*	3/5/7						2b	3c	-	c	2	-	-	2	
5.4 Assemble instrument/supply sets	*	3/5/7						2b	3c	-	c	2	-	-	2	
5.5 Utilize appropriate inventory/count sheets	*	3/5/7						2b	3c	-	c	2	-	-	2	
5.6 Perform packaging procedures																
5.6.1 Rectangular wrapping method	*	3/5/7						2b	3c	-	c	2	-	-	2	
5.6.2 Diagonal wrapping method	*	3/5/7						2b	3c	-	c	2	-	-	2	
5.6.3 Peel-packs	*	3/5/7						2b	3c	-	c	2	-	-	2	
5.6.4 Rigid containers	*	3/5/7						2b	3c	-	c	2	-	-	2	
5.6.5 Item labeling	*	3/5/7						2b	3c	-	c	2	-	-	2	
5.7 Sterilization procedures																
5.7.1 Methods of sterilization																
5.7.1.1 Steam								B	-	-	B		-	-		
5.7.1.2 Chemical								B	-	-	B		-	-		
5.7.1.3 Other								-	-	-	-		-	-		
5.7.2 Load/unload sterilizer																
5.7.2.1 Steam	*	3/5/7						2b	3c	-	c	2	-	-	2	
5.7.2.2 Peracetic acid	*							b	3c	-	c		-	-		
5.7.2.3 Hydrogen peroxide plasma	*							b	-	-	b		-	-		
5.7.3 Clean/Operate Sterilizer																
5.7.3.1 Steam	*	3/5/7						2b	3c	-	c		-	-		
5.7.3.2 Peracetic acid	*							b	2b	-	b		-	-		
5.7.3.3 Hydrogen peroxide plasma	*							b	-	-	b		-	-		
5.8 Monitor sterilizers																
5.8.1 Mechanical	*	3/5/7						2b	3c	-	c		-	-		
5.8.2 Automatic	*	3/5/7						2b	3c	-	c		-	-		
5.8.3 Biological indicators	*	3/5/7						2b	3c	-	c		-	-		
5.8.4 Chemical indicators	*	3/5/7						2b	3c	-	c		-	-		
5.9 Distribute sterile items	*	5						b	-	-	b		-	-		
5.10 Maintain linen supply	*							2b	-	-	b		-	-		
6 Patient Preparation/Preoperative Care TR: Surgical Technology for the Surgical Technologist: A Positive Care Approach																
6.1 Verify surgical checklist completion	*	5/7						1a	2b	-	c		-	-		
6.2 Identify patient	*	5/7						1a	2b	-	c		-	-		
6.3 Identify patient needs																
6.3.1 Age specific								1a	2b	-	-		-	-		
6.3.2 Special needs								1a	2b	-	-		-	-		
6.4 Confirm signed patient consent form	*	5/7						1a	2b	-	c		-	-		
6.5 Assist in moving patient to/from																
6.5.1 Gurney	*	5/7						1a	2b	-	c		-	-		
6.5.2 Patient bed	*	5/7						1a	2b	-	c		-	-		
6.5.3 Crib								1a	2b	-	b		-	-		
6.5.4 Wheelchair								1a	2b	-	b		-	-		
6.6 Transport patient to the surgical suite								1a	2b	-	-		-	-		

Attachment 2: 4N1X1 STS

1. Tasks, Knowledge And Technical References	War Time Task *	Core Task 3/5/7	3. Certification For OJT A (Tng Start)	B (Tng Complete)	C (Trainee Initials)	D (Trainer Initials)	E (Certifier Initials)	A 3 Skill Level Phase I Course	Phase II Course	B 5 Skill Level (1) Course	(2) CDC	(3) QTP	C 7 Skill Level (1) Course	(2) CDC	(3) QTP	RSV Task
7 Pharmacology TR: Surgical Technology for the Surgical Technologist: A Positive Care Approach; Drug Information Handbook for Perioperative Nursing																
7.1 Medication types																
7.1.1 Coagulants								A	-	-	B		-	-		
7.1.2 Anti-coagulants								-	-	-	B		-	-		
7.1.3 Vaso-constrictors								-	-	-	-		-	-		
7.1.4 Vaso-dilators								A	-	-	-		-	-		
7.1.5 Antibiotics								A	-	-	B		-	-		
7.1.6 Steroids								-	-	-	B		-	-		
7.1.7 Diuretics								-	-	-	B		-	-		
7.1.8 Dyes/contrast media								A	-	-	B		-	-		
7.1.9 Sedatives								A	-	-	B		-	-		
7.1.10 Narcotics								-	-	-	B		-	-		
7.1.11 Anti-cholinergics								-	-	-	B		-	-		
7.1.12 Oxygen								A	-	-	-		-	-		
7.1.13 Other medications								A	-	-	B		-	-		
7.2 Manage medications intraoperatively																
7.2.1 Identify medications	*	5/7						2b	3c		c	7	-	-	7	
7.2.2 Label medications	*	5/7						2b	3c		c	7	-	-	7	
7.2.3 Monitor medication usage	*	5/7						2b	3c		c	7	-	-	7	
7.3 Medication administration																
7.3.1 Routes	*	5/7						A	-	-	B		-	-		
7.3.2 Supplies/equipment	*	5/7						A	-	-	B		-	-		
7.4 Irrigation solutions																
7.4.1 Normal saline	*	5/7						A	-	-	B		-	-		
7.4.2 Sterile water	*	5/7						A	-	-	B		-	-		
7.4.3 Ringer's solution								A	-	-	B		-	-		
7.4.4 Glycine solution								A	-	-	B		-	-		
7.5 Assist with irrigation procedures								2b	-	-	-		-	-		
7.6 Commonly used intravenous (IV) solutions																
7.6.1 Electrolyte solutions								B	-	-	B		-	-		
7.6.2 Blood volume expanders								B	-	-	B		-	-		
7.7 Commonly used IV supplies																
7.7.1 Needles/catheters								A	-	-	B		-	-		
7.7.2 Tubing								A	-	-	B		-	-		
7.8 Initiate peripheral IV infusion								-	-	-	b		-	-		
7.9 Monitor intravenous fluid								-	-	-	b		-	-		
7.10 Monitor infusion pumps								-	-	-	b		-	-		
7.11 Change intravenous fluid								-	-	-	b		-	-		
7.12 Discontinue intravenous fluid								-	-	-	b		-	-		
7.13 Assist with blood administration																
7.13.1 Retrieve blood/blood products	*	5/7						b	2b/-	-	b	6	-	-	6	
7.13.2 Prepare blood warmer								b	-	-	b	6	-	-	6	

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1. Tasks, Knowledge And Technical References	War Time Task	Core Task	3. Certification For OJT					4. Proficiency Codes Used To Indicate Training/Information Provided (See Note)								
			A	B	C	D	E	A 3 Skill Level		B 5 Skill Level			C 7 Skill Level			
	*	3/5/7	Tng Start	Tng Complete	Trainee Initials	Trainer Initials	Certifier Initials	Phase I Course	Phase II Course	(1) Course	(2) CDC	(3) QTP	(1) Course	(2) CDC	(3) QTP	RSV Task
8 Anesthesia TR: Surgical Technology for the Surgical Technologist: A Positive Care Approach; Standards, Recommended Practices and Guidelines 2007																
8.1 Preoperative anesthesia medications																
8.2 Types/methods of administration																
8.2.1 General								A	-	-	B		-	-		
8.2.2 Local								A	-	-	B		-	-		
8.3 Commonly used supplies/equipment								A	-	-	B		-	-		
8.4 Assist with respiratory complications								a	-	-	b	6	-	-	6	
8.5 Assist with cardiovascular complications								a	-	-	b	6	-	-	6	
8.6 Assist with allergic reactions to drugs/anesthesia																
8.6.1 Malignant hyperthermia								a	-	-	b	6	-	-	6	
8.6.2 Shock								a	-	-	b	6	-	-	6	
8.7 Assist with administration of oxygen																
8.7.1 Fixed	*	5/7						b	2b	-	b	6	-	-	6	
8.7.2 Portable	*	5/7						2b	-	-	b	6	-	-	6	
8.8 Measure/document patient vital signs																
8.8.1 Temperature	*	5/7						2b	-	-	b	6	-	-	6	
8.8.2 Blood pressure																
8.8.2.1 Manual	*	5/7						2b	-	-	b	6	-	-	6	
8.8.2.2 Electronic	*	5/7						2b	-	-	b		-	-		
8.8.3 Pulse																
8.8.3.1 Manual	*	5/7						2b	-	-	b	6	-	-	6	
8.8.3.2 Electronic	*	5/7						2b	-	-	b		-	-		
8.8.4 Respirations	*	5/7						2b	-	-	b	6	-	-	6	
8.9 Maintain certification in health provider basic life support (BLS) TR: Basic Life Support for Healthcare Providers (AHA)	*	5/7						3c	-	-	-		-	-		
9 Daily Responsibilities																
9.1 Check posted schedules																
9.1.1 Technician assignment	*							2b	-	-	b		-	-		
9.1.2 Surgical case	*							2b	-	-	b		-	-		
9.2 Select required sterile supplies/ instruments	*	3						2b	-	-	b		-	-		
9.3 Gather required equipment	*	3						2b	-	-	b		-	-		
9.4 Set up/operate equipment TR: Surgical Technology for the Surgical Technologist: A Positive Care Approach; Standards, Recommended Practices and Guidelines 2007; AAMI Standards																
9.4.1 Electrosurgery devices	*	3						2b	-	-	b	5	-	-	5	
9.4.2 Cardiac monitors	*							a	-	-	b	5	-	-	5	
9.4.3 Defibrillators	*							a	-	-	b	5	-	-	5	
9.4.4 Surgical lights	*	3						2b	-	-	b		-	-		

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1. Tasks, Knowledge And Technical References	War Time Task	Core Task	3. Certification For OJT					4. Proficiency Codes Used To Indicate Training/Information Provided (See Note)								RSV Task
			A	B	C	D	E	A 3 Skill Level		B 5 Skill Level			C 7 Skill Level			
	*	3/5/7	Tng Start	Tng Complete	Trainee Initials	Trainer Initials	Certifier Initials	Phase I Course	Phase II Course	(1) Course	(2) CDC	(3) QTP	(1) Course	(2) CDC	(3) QTP	
9.4.5 Portable suction units	*	3						2b	-	-	b		-	-		
9.4.6 Hyper/Hypothermia units	*							b	-	-	b		-	-		
9.4.7 Solution warming cabinets	*							a	2b	-	b		-	-		
9.4.8 Fiber optic light sources	*							2b	-	-	b		-	-		
9.4.9 Surgical microscopes	*							a		-	b		-	-		
9.4.10 Lasers	*							a	-	-	b		-	-		
9.4.11 Video equipment	*							2b	-	-	b		-	-		
9.4.12 Insufflators	*							a	2b	-	b		-	-		
9.4.13 Endoscopic equipment																
9.4.13.1 Rigid	*							2b	-	-	b		-	-		
9.4.13.2 Flexible	*							a		-	b		-	-		
9.4.14 Operating table																
9.4.14.1 Manual	*							2b	-	-	b		-	-		
9.4.14.2 Electrical	*	5/7						2b	3c	-	b		-	-		
9.4.14.3 Orthopedic fracture								-	-	-	b		-	-		
9.4.15 Doppler unit								-	-	-	b		-	-		
9.4.16 Sequential Compression Device	*							a	2b	-	b		-	-		
10 Circulating Duties TR: Surgical Technology for the Surgical Technologist: A Positive Care Approach; Standards, Recommended Practices and Guidelines 2007																
10.1 Position OR equipment/furniture	*	5/7						3c	-	-	c		-	-		
10.2 Open sterile items																
10.2.1 Rectangular wrapped	*	5/7						3c	-	-	c	1/4	-	-	1/4	
10.2.2 Diagonally wrapped	*	5/7						3c	-	-	c	1/4	-	-	1/4	
10.2.3 Rigid containers	*	5/7						3c	-	-	c	1/4	-	-	1/4	
10.2.4 Peel packs	*	5/7						3c	-	-	c	1/4	-	-	1/4	
10.3 Assist moving patient to/from surgical table	*	5/7						2b	3c	-	c		-	-		
10.4 Assist with patient positioning																
10.4.1 Dorsal (supine)	*	5/7						3c	-	-	c		-	-		
10.4.2 Prone	*	5/7						3c	-	-	-		-	-		
10.4.3 Lithotomy	*	5/7						b	2b	-	b		-	-		
10.4.4 Other procedural positions	*							b	-	-	b		-	-		
10.4.5 Anesthesia procedures	*							a	-	-	-		-	-		
10.5 Verify operative site	*	5/7						3c	-	-	-		-	-		
10.6 Insert/remove urinary catheter	*							a	2b/-	-	-		-	-		
10.7 Perform hair removal	*							a	2b/-	-	-	3	-	-	3	
10.8 Select appropriate antiseptic agent																
10.8.1 Patient considerations	*							b	2b	-	b	3	-	-	3	
10.8.2 Surgical site considerations	*							b	2b	-	b	3	-	-	3	
10.9 Perform antimicrobial skin preps																
10.9.1 Abdominal	*	5/7						2b	3c	-	c	3	-	-	3	
10.9.2 Extremities	*	5/7						b	2b	-	b	3	-	-	3	
10.9.3 Perineal/Dirty areas	*							b	2b	-	b	3	-	-	3	
10.9.4 Contaminated wounds	*							b	2b/-	-	b	3	-	-	3	
10.10 Assist sterile team members with donning sterile surgical attire	*	5/7						3c	-	-	-	4	-	-	4	

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1. Tasks, Knowledge And Technical References	War Time Task	Core Task	3. Certification For OJT					4. Proficiency Codes Used To Indicate Training/Information Provided (See Note)								
			A	B	C	D	E	A 3 Skill Level		B 5 Skill Level			C 7 Skill Level			
	*	3/5/7	Tng Start	Tng Complete	Trainee Initials	Trainer Initials	Certifier Initials	Phase I Course	Phase II Course	(1) Course	(2) CDC	(3) QTP	(1) Course	(2) CDC	(3) QTP	RSV Task
10.11 Project sterile items intraoperatively	*	5/7						3c	-	-	c		-	-		
10.12 Manage specimens/cultures																
10.12.1 Label specimens	*	5/7						1a	2b	-	b		-	-		
10.12.2 Document log book	*							1a	2b	-	b		-	-		
10.13 Prepare ancillary request forms	*							1a	2b	-	b		-	-		
10.14 Assist nurse with Operation Report	*							1a	2b	-	b		-	-		
10.15 Assist nurse with surgical counts	*							3c	-	-	c		-	-		
10.16 Assist with post anesthesia care	*							a	2b	-	b		-	-		
10.17 Restock supplies in operating room	*							3c	-	-	-		-	-		
11 Scrub Duties TR: Surgical Technology for the Surgical Technologist: A Positive Care Approach; Standards, Recommended Practices and Guidelines 2007																
11.1 Perform surgical hand/arm scrub	*	3/5/7						3c	-	-	-	4	-	-	4	
11.2 Dry hands using surgical technique	*	3/5/7						3c	-	-	-	4	-	-	4	
11.3 Don sterile surgical attire	*	3/5/7						3c	-	-	-	4	-	-	4	
11.4 Drape operating room furniture	*															
11.4.1 Back table	*	3/5/7						3c	-	-	-	1/4	-	-	1/4	
11.4.2 Basin stands	*	3/5/7						3c	-	-	-	1/4	-	-	1/4	
11.4.3 Mayo stands	*	3/5/7						3c	-	-	-	1/4	-	-	1/4	
11.5 Organize instrumentation/supplies on sterile field	*	3/5/7						3c	-	-	-		-	-		
11.6 Perform preoperative counts with nurse (RN)	*	5/7						3c	-	-	c	4	-	-	4	
11.7 Prepare sterile antimicrobial preps	*							2b	3c	-	-		-	-		
11.8 Drape specialty equipment	*							a	2b/-	-	b	1	-	-	1	
11.9 Gown/glove surgical team members	*	3/5/7						3c	-	-	-	1/4	-	-	1/4	
11.10 Assist surgeon with draping patient	*	3/5/7						3c	-	-	c	1	-	-	1	
11.11 Maintain sterile field	*							2b	3c	-	c	1	-	-	1	
11.12 Select appropriate surgical instruments	*							2b	-	-	b		-	-		
11.13 Pass instruments to surgeon	*	3/5/7						3c	-	-	c		-	-		
11.14 Pass sharps/needles using appropriate safety techniques																
11.14.1 Hands free	*	5/7						3c	-	-	c		-	-		
11.14.2 Other	*	5/7						3c	-	-	c		-	-		
11.15 Manipulate endoscopic equipment under surgeon's supervision																
11.15.1 Rigid	*							a	2b/-	-	b		-	-		
11.15.2 Flexible	*							a	2b/-	-	b		-	-		
11.16 Perform intraoperative tissue handling techniques																
11.16.1 Traction/counter-traction								-	-	-	b		-	-		
11.16.2 Dissection								-	-	-	b		-	-		
11.17 Maintain operative exposure																
11.17.1 Manual retraction	*							a	2b	-	b		-	-		
11.17.2 Mechanical retraction	*							a	2b	-	b		-	-		
11.17.3 Suction	*							a	2b	-	b		-	-		

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Attachment 2: 4N1X1 STS

1. Tasks, Knowledge And Technical References	War Time Task	Core Task	3. Certification For OJT					4. Proficiency Codes Used To Indicate Training/Information Provided (See Note)								
			A	B	C	D	E	A 3 Skill Level		B 5 Skill Level			C 7 Skill Level			
	*	3/5/7	Tng Start	Tng Complete	Trainee Initials	Trainer Initials	Certifier Initials	Phase I Course	Phase II Course	(1) Course	(2) CDC	(3) QTP	(1) Course	(2) CDC	(3) QTP	RSV Task
11.17.4 Illumination	*							a	2b	-	b		-	-		
11.18 Assist surgeon with hemostasis																
11.18.1 Clamping	*							a	-	-	b		-	c		
11.18.2 Suture ligation	*							a	-	-	b		-	c		
11.18.3 Ligaclips	*							a	-	-	b		-	c		
11.18.4 Electrosurgical/electrocautery	*							a	-	-	b		-	c		
11.18.5 Tamponade	*							a	-	-	b		-	-		
11.19 Define wound healing process	*							A	-	-	B		-	-		
11.20 Wound closure materials																
11.20.1 Suture Needles	*							A	-	-	B		-	-		
11.20.2 Suture Materials	*							A	-	-	B		-	-		
11.20.3 Stapling Devices	*							A	-	-	B		-	-		
11.20.4 Adhesives	*							A	-	-	B		-	-		
11.21 Assist surgeon with wound closure																
11.21.1 Prepare suture material/needles	*	3/5/7						3c	-	-	c		-	-		
11.21.2 Suture cutting	*	5/7						1a	2b	-	b		-	-		
11.21.3 Skin staplers	*	5/7						3c	-	-	c		-	-		
11.21.4 Adhesives	*							a	2b/-	-	b		-	-		
11.22 Perform wound closure																
11.22.1 Suture incision	*							a	-	-	b		-	c		
11.22.2 Staple incision	*							a	-	-	b		-	c		
11.23 Remove staples/suture								-	-	-	b		-	-		
11.24 Types of surgical drains								-	-	-	B		-	-		
11.25 Manage specimens on the sterile field	*	3/5/7						2b	3c	-	c	4	-	-	4	
11.26 Perform intraoperative counts with OR nurse (RN)	*							3c	-	-	c	4	-	-	4	
11.27 Assist surgeon with application of wound dressing	*	5/7						3c	-	-	c		-	-		
11.28 Breakdown sterile field TR: Surgical Technology for the Surgical Technologist: A Positive Care Approach; Standards, Recommended Practices and Guidelines 2007; AAMI Standards																
11.28.1 Contaminated drapes	*	5/7						3c	-	-	c		-	-		
11.28.2 Instruments/supplies	*	5/7						3c	-	-	c		-	-		
11.28.3 Biohazards/sharps	*	5/7						2b	3c	-	c		-	-		
11.28.4 Initial/point-of-use cleaning gross contaminants	*	5/7						3c	-	-	c		-	-		
11.28.5 Medication disposal	*	5/7						b	2b	-	c		-	-		
12 Sterile Storage TR: Surgical Technology for the Surgical Technologist: A Positive Care Approach; Standards, Recommended Practices and Guidelines 2007; AAMI Standards																
12.1 Physical storage requirements:																
12.1.1 Nonsterile	*							B	-	-	B		-	B		
12.1.2 Sterile	*							B	-	-	B		-	B		
12.1.3 Environmental factors	*							B	-	-	B		-	B		
12.1.4 Liquids	*							B	-	-	B		-	B		

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Attachment 2: 4N1X1 STS

1. Tasks, Knowledge And Technical References	War Time Task	Core Task	3. Certification For OJT					4. Proficiency Codes Used To Indicate Training/Information Provided (See Note)							
			A	B	C	D	E	A 3 Skill Level		B 5 Skill Level			C 7 Skill Level			RSV Task
	*	3/5/7	Tng Start	Tng Complete	Trainee Initials	Trainer Initials	Certifier Initials	Phase I Course	Phase II Course	(1) Course	(2) CDC	(3) QTP	(1) Course	(2) CDC	(3) QTP	
12.1.5 Refrigeration	*							B	-	-	B		-	B		
12.2 Rotate stock	*	3/5/7						3c	-	-	c		-	-		
12.3 Verify shelf life	*	3/5/7						3c	-	-	c		-	-		
12.4 Check for outdated supplies	*	3/5/7						3c	-	-	c		-	-		
13 Publications																
13.1 Locate required information in publications																
13.1.1 Official		7						-	-	-	-		-	-		
13.1.2 Commercial		7						-	-	-	-		-	-		
13.2 Initiate requests for publications																
13.2.1 Official								-	-	-	-		-	-		
13.2.2 Commercial								-	-	-	-		-	-		
13.3 Maintain Unit publication library								-	-	-	b		-	-		
14 Surgical Service Management TR: AFI 36-2201V3; AFI 44-102; AFI 44-119																
14.1 Orient new personnel to unit		7						-	-	-	b		-	c		
14.2 Assign personnel to work area		7						-	-	-	b		-	c		
14.3 Manage work assignments and priorities		7						-	-	-	b		-	c		
14.4 Develop duty schedules		7						-	-	-	b		-	c		
14.5 Develop on call schedules		7						-	-	-	b		-	c		
14.6 Manage hardcopy/electronic documents TR: AFMAN 37-104; AFMAN 37-123																
14.6.1 Correspondence		7						-	-	-	a		-	-		
14.6.2 Reports		7						-	-	-	a		-	-		
14.6.3 Records		7						-	-	-	a		-	-		
14.6.4 Procedures		7						-	-	-	a		-	-		
14.6.5 Policies/Instructions		7						-	-	-	a		-	-		
14.7 Develop military/ civilian TR: AFI 36-2101; AFI 36-2406; AFMAN 36-203; AFI 36-1001																
14.7.1 Job/Position descriptions		7						-	-	-	a		-	-		
14.7.2 Performance standards		7						-	-	-	a		-	-		
14.8 Evaluate work performance																
14.8.1 Military personnel		7						-	-	-	b		-	-		
14.8.2 Civilian personnel								-	-	-	-		-	a		
14.9 Medical formal course graduate evaluations TR: AFI 36-2201V1																
14.9.1 Graduate assessment surveys (GAS)								-	-	-	A		-	B		
14.9.2 Field evaluation questionnaires (FEQs)								-	-	-	A		-	B		
14.10 Career field surveys								-	-	-	A		-	B		
14.11 Medical Expense Personnel Reporting System (MEPRS) TR: DODM 6010.13-M; AFI 41-102		7						-	-	-	A		-	B		
14.12 Manpower documents TR: AFI 41-120																

Attachment 2: 4N1X1 STS

1. Tasks, Knowledge And Technical References	War Time Task	Core Task	3. Certification For OJT					4. Proficiency Codes Used To Indicate Training/Information Provided (See Note)								
			A	B	C	D	E	A 3 Skill Level		B 5 Skill Level			C 7 Skill Level			RSV Task
	*	3/5/7	Tng Start	Tng Complete	Trainee Initials	Trainer Initials	Certifier Initials	Phase I Course	Phase II Course	(1) Course	(2) CDC	(3) QTP	(1) Course	(2) CDC	(3) QTP	
14.12.1 Unit Manpower Document (UMD)		7						-	-	-	a		-	b		
14.12.2 Unit Personnel Manpower Roster (UPMR)		7						-	-	-	a		-	b		
14.12.3 Authorization Change Request (ACR)/Authorization Change Notice (ACN)		7						-	-	-	a		-	b		
14.12.4 Urgent manning requests		7						-	-	-	a		-	b		
14.13 Develop Budget TR: AFI 41-120																
14.13.1 Cost analysis								-	-	-	a		-	b		
14.13.2 Equipment requirement projection								-	-	-	a		-	b		
14.14 Perform supply management procedures TR: AFI 41-209																
14.14.1 Activity Issue/Turn-In		7						-	-	-	b		-	c		
14.14.2 Backorder Report		7						-	-	-	b		-	c		
14.14.3 Equipment Authorizations List (Allowance standard)		7						-	-	-	b		-	c		
14.14.4 Custodial Action/Custodial Report List		7						-	-	-	b		-	c		
14.14.5 Stock levels		7						-	-	-	b		-	c		
14.14.6 Materiel inventories		7						-	-	-	b		-	c		
14.14.7 Materiel references		7						-	-	-	b		-	c		
14.14.8 Supply requests	*	7						a	-	-	b		-	c		
14.14.9 Equipment requests		7						-	-	-	b		-	c		
14.14.10 Blanket Purchase/ Standard Service Agreement		7						-	-	-	b		-	c		
14.14.11 Automatic resupply systems		7						-	-	-	b		-	c		
14.14.12 Defense Medical Logistics Standard Support (DMLSS)		7						-	-	-	b		-	c		
14.14.13 Materiel complaint procedures		7						-	-	-	b		-	c		
14.15 Fraud, Waste & Abuse Prevention/Detection standards TR: AFI 23-111																
14.15.1 Property liability	*	7						A	-	-	B		-	B		
14.15.2 Pecuniary liability	*	7						A	-	-	B		-	B		
14.15.3 Report of Survey								-	-	-	B		-	B		
14.16 Develop unit self-assessment checklist TR: AFI 44-119; HSI Website: https://www-4afia.kirtland.af.mil/								-	-	-	b		-	c		
14.17 Performance improvement (PI) process TR: AFI 44-119; HSI Website: https://www-4afia.kirtland.af.mil/; Joint Commission	*							A	-	-	B		-	B		
14.18 Risk management process TR: AFI 44-119; HSI Website: https://www-4afia.kirtland.af.mil/	*							A	-	-	B		-	B		

Attachment 2: 4N1X1 STS

1. Tasks, Knowledge And Technical References	War Time Task *	Core Task 3/5/7	3. Certification For OJT A Tng Start	B Tng Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	4. Proficiency Codes Used To Indicate Training/Information Provided (See Note) A 3 Skill Level Phase I Course	A Phase II Course	B 5 Skill Level (1) Course	B (2) CDC	B (3) QTP	C 7 Skill Level (1) Course	C (2) CDC	C (3) QTP	RSV Task
14.19 Infection control program guidelines TR: AFI 44-108	*	7						B	-	-	B		-	B		
14.20 The Joint Commission TR: Joint Commission website: http://www.jointcommission.org/	*							A	-	-	B		-	B		
15 Enlisted Specialty Training TR: AFI 36-2201V3; AFI 36-2406; AFPAM 36-2627																
15.1 Develop unit training program																
15.1.1 Master task list		7						-	-	-	-		-	-		
15.1.2 Training plan		7						-	-	-	-		-	-		
15.2 Evaluate personnel in upgrade training		7						-	-	-	-		-	-		
15.3 Evaluate training effectiveness																
15.3.1 Task knowledge		7						-	-	-	-		-	-		
15.3.2 Task proficiency		7						-	-	-	-		-	-		
15.4 Recommend personnel for training																
15.4.1 Lateral retraining								-	-	-	-		-	-		
15.4.2 Formal training								-	-	-	-		-	-		
15.5 Enlisted Training & Competency Folder (6-part folder)																
15.5.1 AF Form 55		7						-	-	-	-		-	-		
15.5.2 STS		7						-	-	-	-		-	-		
15.5.3 AF Form 797		7						-	-	-	-		-	-		
15.5.4 AF Form 1098		7						-	-	-	-		-	-		
15.5.5 AF Form 623a/b		7						-	-	-	-		-	-		
16 Anatomy and Physiology TR: Structure & Function of the Body																
16.1 Basic medical terms	*							A	-	-	B		-	-		
16.2 Common operative procedures	*							A	-	-	B		-	-		
16.3 Body planes, surfaces, and cavities	*							A	-	-	B		-	-		
16.4 Cell, tissue, and organ composition	*							A	-	-	B		-	-		
16.5 Structure and function of major body systems																
16.5.1 Integumentary	*							A	-	-	B		-	-		
16.5.2 Skeletal	*							A	-	-	B		-	-		
16.5.3 Muscular	*							A	-	-	B		-	-		
16.5.4 Nervous	*							A	-	-	B		-	-		
16.5.5 Endocrine	*							A	-	-	B		-	-		
16.5.6 Circulatory	*							A	-	-	B		-	-		
16.5.7 Lymphatic/Immune	*							A	-	-	B		-	-		
16.5.8 Respiratory	*							A	-	-	B		-	-		
16.5.9 Digestive	*							A	-	-	B		-	-		
16.5.10 Urinary	*							A	-	-	B		-	-		
16.5.11 Reproductive	*							A	-	-	B		-	-		
16.6 Sensory functions	*															
16.6.1 Vision	*							A	-	-	B		-	-		
16.6.2 Hearing	*							A	-	-	B		-	-		
16.6.3 Taste	*							A	-	-	B		-	-		
16.6.4 Smell	*							A	-	-	B		-	-		

Attachment 2: 4N1X1 STS

1. Tasks, Knowledge And Technical References	War Time Task	Core Task	3. Certification For OJT					4. Proficiency Codes Used To Indicate Training/Information Provided (See Note)								RSV Task
			A	B	C	D	E	A 3 Skill Level		B 5 Skill Level			C 7 Skill Level			
	*	3/5/7	Tng Start	Tng Complete	Trainee Initials	Trainer Initials	Certifier Initials	Phase I Course	Phase II Course	(1) Course	(2) CDC	(3) QTP	(1) Course	(2) CDC	(3) QTP	RSV Task
17 Surgical Specialties TR: Surgical Technology for the Surgical Technologist: A Positive Care Approach																
17.1 Perform scrub/circulator duties																
17.1.1 General surgery procedures																
17.1.1.1 Major	*							a	2b/-	-	b		-	-		
17.1.1.2 Minor	*							a	2b/-	-	b		-	-		
17.1.1.3 Endoscopic	*							a	2b/-	-	b		-	-		
17.1.1.4 Laser	*							a	-	-	b		-	-		
17.1.2 Obstetrics and gynecology procedures																
17.1.2.1 Major	*							a	2b/-	-	b		-	-		
17.1.2.2 Minor	*							a	2b/-	-	b		-	-		
17.1.2.3 Endoscopic	*							a	2b/-	-	b		-	-		
17.1.2.4 Laser	*							a	-	-	b		-	-		
17.1.3 Orthopedic procedures																
17.1.3.1 Major	*							a	2b/-	-	b		-	-		
17.1.3.2 Minor	*							a	2b/-	-	b		-	-		
17.1.3.3 Endoscopic	*							a	2b/-	-	b		-	-		
17.1.4 Genitourinary surgery procedures																
17.1.4.1 Major	*							a	2b/-	-	b		-	-		
17.1.4.2 Minor	*							a	2b/-	-	b		-	-		
17.1.4.3 Endoscopic	*							a	2b/-	-	b		-	-		
17.1.4.4 Laser	*							a	-	-	b		-	-		
17.1.5 Cardio/Thoracic surgery procedures																
17.1.5.1 Major								-	-	-	b		-	-		
17.1.5.2 Minor								-	-	-	b		-	-		
17.1.5.3 Endoscopic								-	-	-	b		-	-		
17.1.5.4 Laser								-	-	-	b		-	-		
17.1.6 Vascular surgery procedures																
17.1.6.1 Major								-	-	-	b		-	-		
17.1.6.2 Minor								-	-	-	b		-	-		
17.1.6.3 Endoscopic								-	-	-	b		-	-		
17.1.6.4 Laser								-	-	-	b		-	-		
17.1.7 Neurosurgery procedures																
17.1.7.1 Major								-	-	-	b		-	-		
17.1.7.2 Minor								-	-	-	b		-	-		
17.1.7.3 Endoscopic								-	-	-	b		-	-		
17.1.7.4 Laser								-	-	-	b		-	-		
17.1.8 Ophthalmology procedures																
17.1.8.1 Major								-	-	-	b		-	-		
17.1.8.2 Minor								-	-	-	b		-	-		
17.1.8.3 Laser								-	-	-	b		-	-		
17.1.9 Otolaryngology procedures																
17.1.9.1 Major	*							a	2b/-	-	b		-	-		
17.1.9.2 Minor	*							a	2b/-	-	b		-	-		
17.1.9.3 Endoscopic	*							a	2b/-	-	b		-	-		
17.1.9.4 Laser	*							a	-	-	b		-	-		

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1. Tasks, Knowledge And Technical References	War Time Task	Core Task	3. Certification For OJT					4. Proficiency Codes Used To Indicate Training/Information Provided (See Note)								
			A	B	C	D	E	A 3 Skill Level		B 5 Skill Level			C 7 Skill Level			
	*	3/5/7	Tng Start	Tng Complete	Trainee Initials	Trainer Initials	Certifier Initials	Phase I Course	Phase II Course	(1) Course	(2) CDC	(3) QTP	(1) Course	(2) CDC	(3) QTP	RSV Task
17.1.10 Oral/maxillofacial surgery procedures																
17.1.10.1 Major	*							a	2b/-	-	b		-	-		
17.1.10.2 Minor	*							a	2b/-	-	b		-	-		
17.1.10.3 Endoscopic	*							a	2b/-	-	b		-	-		
17.1.11 Plastic surgery procedures																
17.1.11.1 Major	*							a	2b/-	-	b		-	-		
17.1.11.2 Minor	*							a	2b/-	-	b		-	-		
17.1.11.3 Endoscopic	*							a	2b/-	-	b		-	-		
17.1.11.4 Laser	*							a	-	-	b		-	-		
17.1.12 Pediatric surgery																
17.1.12.1 Major	*							a	2b/-	-	b		-	-		
17.1.12.2 Minor	*							a	2b/-	-	b		-	-		
17.1.12.3 Endoscopic	*							a	2b/-	-	b		-	-		
17.1.12.4 Laser	*							a	-	-	b		-	-		
18 Medical Readiness Initial Medical Readiness Training directed by AFI 41-106 is provided in the Basic Medical Readiness course conducted at 882d Training Group, Sheppard AFB, Texas and at the Academy of Health Sciences, Ft Sam Houston. Completed training is documented on front side of AETC Form 156 for each course graduate. Continuing/on-going Medical Readiness Training for the individual is the responsibility of each medical facility. TR: AFI 41-106																
18.1 Air Expeditionary Force (AEF) concepts	*							2b	-	-	-		-	-		
18.2 Expeditionary Medical Support (EMEDS) surgical roles																
18.2.1 Mobile Field Surgical Team (MFST)	*							2b	-	-	A		-	B		
18.2.2 Surgical Augmentation Team	*							2b	-	-	A		-	B		
18.3 Readiness Skills Verification Program (RSVP)	*							2b	-	-	A		-	B		

Attachment 2: 4N1X1 STS

1. Tasks, Knowledge And Technical References	War Time Task	Core Task	3. Certification For OJT					4. Proficiency Codes Used To Indicate Training/Information Provided (See Note)								RSV Task
			A	B	C	D	E	A 3 Skill Level		B 5 Skill Level			C 7 Skill Level			
	*	3/5/7	Tng Start	Tng Complete	Trainee Initials	Trainer Initials	Certifier Initials	Phase I Course	Phase II Course	(1) Course	(2) CDC	(3) QTP	(1) Course	(2) CDC	(3) QTP	RSV Task
19 CLINIC ADMINISTRATION TR: AFI 41-115; AFI 41-120; AFI 41-210; AFI 41-211; AFI 44-119; Comprehensive Accreditation Manual for Hospitals: The Official Handbook (CAMH)																
19.1 Patient scheduling																
19.1.1 Automated appointment system								-	-	-	B		-	B		
19.1.2 Manually schedule appointments								-	-	-	b		-	-		
19.1.3 Coordinate scheduling diagnostic and therapeutic test requests								-	-	-	a		-	-		
19.1.4 Coordinate OR case scheduling																
19.1.4.1 "Buck" slips								-	-	-	b		-	-		
19.1.4.2 Preoperative requirements								-	-	-	b		-	-		
19.1.4.3 Documentation								-	-	-	b		-	-		
19.1.5 Ambulatory Data System (ADS)																
19.1.5.1 Diagnosis Coding								-	-	-	A		-	B		
19.1.5.2 Procedure Coding								-	-	-	A		-	B		
19.2 Patient education																
19.2.1 Preoperative patient counseling								-	-	-	-		-	-		
19.2.2 Medical condition								-	-	-	-		-	-		
19.3 Patient reception																
19.3.1 Review consults								-	-	-	A		-	B		
19.3.2 Screen/review patient records								-	-	-	-		-	-		
19.3.3 Eligibility of care																
19.3.3.1 ID check								-	-	-	B		-	-		
19.3.3.2 DEERS check								-	-	-	B		-	-		
19.3.4 Medical Records Management																
19.3.4.1 Outpatient																
19.3.4.1.1 Chargeout								-	-	-	B		-	-		
19.3.4.1.2 Security								-	-	-	B		-	-		
19.3.4.1.3 Documentation								-	-	-	B		-	B		
19.3.4.2 Inpatient																
19.3.4.2.1 Chargeout								-	-	-	B		-	-		
19.3.4.2.2 Security								-	-	-	B		-	-		
19.3.4.2.3 Documentation								-	-	-	B		-	-		
19.3.5 Initiate and ensure completion of consent forms								-	-	-	b		-	-		
19.3.6 Management and secure storage of controlled items																
19.3.6.1 Medications																
19.3.6.1.1 Narcotic/ non-narcotic								-	-	-	B		-	-		
19.3.6.1.2 Injectables								-	-	-	B		-	-		
19.3.6.1.3 Check expiration								-	-	-	B		-	-		
19.3.6.1.4 Stock rotation								-	-	-	B		-	-		
19.3.6.2 Needles/syringes								-	-	-	B		-	-		

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4N1X1 STS TRAINING REFERENCES (TR) SOURCE SUMMARY

COMMERCIAL PUBLICATIONS

American Heart Association. *Basic Life Support for Health Care Provider.* current edition. National Center, 7272 Greenville Ave., Dallas TX.

American Heart Association. *Instructor's Manual Basic Life Support.* current edition. National Center, 7272 Greenville Ave., Dallas TX.

Association for the Advancement of Medical Instrumentation (AAMI) Standards. Website: http://www.aami.org/index.htm

Association of Operating Room Nurses (AORN). *Drug Information Handbook for Perioperative Nursing.* 1st ed. Lexi-Comp. 2006.

Association of Operating Room Nurses (AORN). *Standards, Recommended Practices and Guidelines 2007.* AORN, Inc. 2007

Association of Operating Room Nurses (AORN). Website: http://www.aorn.org/

Association of Surgical Technologists (AST). *Surgical Technology for the Surgical Technologist: A Positive Care Approach.* 2nd ed. Thompson Delmar Learning. 2004.

Certification Board for Sterile Processing and Distribution, Inc. (CBSPD). Website: http://www.sterileprocessing.org/cbspd.htm

Joint Commission Accreditation Healthcare Organizations. *Comprehensive Accreditation Manual for Hospitals: The Official Handbook (Comprehensive Accreditation Manual for Hospitals (Camh)).* Joint Commission Resources. 2007.

National Board for Certification of Orthopaedic Technologists (NBCOT). Website: http://www.nbcot.net/

National Board of Surgical Technology and Surgical Assisting. Website: http://www.nbstsa.org/about/index.html

Society of Urologic Nurses and Associates (SUNA). Website: http://www.suna.org/cgi-bin/WebObjects/SUNAMain

The Joint Commission. Website: http://www.jointcommission.org/

Thibodeau, Gary A. and Patton, Kevin T. *Structure and Function of the Body.* 11th ed. Mosby Publication, 2000.

Attachment 4: 4N1X1 STS Training Reference (TR) Source Summary

GOVERNMENT PUBLICATIONS

Public Law

Public Law 104-191, "Health Insurance Portability and Accountability Act of 1996," August 1996.

Department of Defense

DODM 6010.13-M, *Medical Expense and Performance Reporting System for Fixed Military Medical and Dental Treatment Facilities*

Department of the Air Force

Air Force Enlisted Classification Directory (AFECD)

AFI 10-701, *Operations Security (OPSEC)*

AFI 23-111, *Management of Government Property in Possession of the Air Force*

AFI 31-101, *Air Force Installation Security Program (FOUO)*

AFI 33-201V1, *Communications Security (COMSEC)*

AFI 33-202V1, *Network and Computer Security*

AFMAN 36-203, *Staffing Civilian Positions*

AFI 36-1001, *Managing the Civilian Performance Program*

AFI36-2101, *Classifying Military Personnel (Officer and Enlisted)*

AFI 36-2201V1, *Training Development Delivery and Evaluation*

AFI 36-2201V3, *Air Force Training Program On The Job Training Management*

AFI 36-2406, *Officer and Enlisted Evaluation Systems*

AFPAM 36-2627, *Airman and NCO Performance Feedback System (EES)*

AFMAN 37-104, *Managing Information to Support the Air Force Mission*

AFMAN 37-123, *Management of Records*

AFI 41-102, *The Medical Expense and Performance Reporting System for Fixed Military Medical and Dental Treatment Facilities (RCS: DD-HA(AR)1453)*

AFI 41-106, *Medical Readiness Planning and Training*

AFI 41-115, *Authorized Health Care and Health Care Benefits in the Military Health Services System (MHSS)*

AFI 41-120, *Medical Resource Operations*

AFI 41-203, *Electrical Safety in Medical Treatment Facilities*

AFI 41-209, *Medical Logistics Support*

Attachment 4: 4N1X1 STS Training Reference (TR) Source Summary

AFI 41-210, *Patient Administration Functions*

AFI 41-211, *The Medical Information Systems Management Program*

AFPD 44-1, *Medical Operations*

AFI 44-102, *Medical Care Management*

AFI 44-108, *Infection Control Program*

AFI 44-119, *Clinical Performance Improvement*

AFI 91-202, *The US Air Force Mishap Prevention Program*

AFI 91-301, *Air Force Occupational and Environmental Safety, Fire Protection, and Health (AFOSH) Program*

AFOSHSTD 91-8, *Medical Facilities*

Air Force Inspection Agency (AFIA). Website: https://www-4afia.kirtland.af.mil/

Attachment 4: 4N1X1 STS Training Reference (TR) Source Summary

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1. Tasks, Knowledge And Technical References	War Time Task *	Core Task 3/5/7	A Tng Start	B Tng Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	A 3 Skill Level (1) Course	A 3 Skill Level (2) CDC	B 5 Skill Level (1) Course	B 5 Skill Level (2) CDC	B 5 Skill Level (3) QTP	C 7 Skill Level (1) Course	C 7 Skill Level (2) CDC	C 7 Skill Level (3) QTP	RSV Task
20 UROLOGY SURGICAL SPECIALTY TR: DODM 6010.13-M; Surgical Technology: Principles and Practice																
20.1 Urological anatomy and physiology TR: Smith's General Urology; Urologic Nursing: Principles and Practice	*							B	-	-	-		-	-		
20.2 Urologic terminology TR: Smith's General Urology; Urologic Nursing: Principles and Practice	*							B	-	-	-		-	-		
20.3 Special urological instruments TR: Smith's General Urology; Urologic Nursing: Principles and Practice	*							B	-	-	-		-	-		
20.4 Special urological equipment TR: Smith's General Urology; Fundamentals of Nursing: Concepts, Process, and Practice	*							B	-	-	-		-	-		
20.5 Perform clinical procedures TR: Smith's General Urology; Urologic Nursing: Principles and Practice; Lippincott Manual of Nursing Practice																
20.5.1 Catheterizations	*	3/5/7						2b	-	-	-	B1	-	-	B1	
20.5.2 Collect urine specimen																
20.5.2.1 Catheterized	*	3/5/7						2b	-	-	-		-	-		
20.5.2.2 "Clean-catch"	*	3/5/7						2b	-	-	-		-	-		
20.5.3 Intraurethral instillations	*	3/5/7						2b	-	-	-		-	-		
20.5.4 Intravesical instillations	*	3/5/7						2b	-	-	-		-	-		
20.5.5 Bladder chemotherapy treatment	*							a	-	-	-		-	-		
20.5.6 Injections																
20.5.6.1 Intramuscular injections	*							a	-	-	-	B1	-	-	B1	
20.5.6.2 Intradermal injections	*							a	-	-	-	B1	-	-	B1	
20.5.6.3 Penile injections	*							a	-	-	-		-	-		
20.5.7 Urodynamic studies																
20.5.7.1 Cystometrogram	*							1a	-	-	-		-	-		
20.5.7.2 Urethral pressure profiles	*							1a	-	-	-		-	-		
20.5.7.3 Electro-myography	*							1a	-	-	-		-	-		
20.5.7.4 Flow studies	*							2b	-	-	-		-	-		
20.5.8 Urethral dilation's	*							1a	-	-	-		-	-		
20.5.9 Perform macrourinalysis																
20.5.9.1 Manual	*							2b	-	-	-	B1	-	-	B1	
20.5.9.2 Electronic	*							2b	-	-	-		-	-		
20.6 Position patients TR: Surgical Technology: Principles and Practice	*	3/5/7						3c	-	-	-		-	-		

1. Tasks, Knowledge And Technical References	War Time Task	Core Task	3. Certification For OJT					4. Proficiency Codes Used To Indicate Training/Information Provided (See Note)								
			A	B	C	D	E	A 3 Skill Level		B 5 Skill Level			C 7 Skill Level			RSV Task
	*	3/5/7	Tng Start	Tng Complete	Trainee Initials	Trainer Initials	Certifier Initials	(1) Course	(2) CDC	(1) Course	(2) CDC	(3) QTP	(1) Course	(2) CDC	(3) QTP	
20.7 Prep patients TR: Surgical Technology: Principles and Practice	*	3/5/7						3c	-	-	-		-	-		
20.8 Bladder ultrasound	*	3/5/7						2b	-	-	-		-	-		
20.9 Remove staples/sutures	*							2b	-	-	-		-	-		
20.10 Perform/assist with procedures TR: Fundamentals of Nursing: Concepts, Process, and Practice; Smith's General Urology; Surgical Technology: Principles and Practice; Urologic Nursing: Principles and Practice																
20.10.1 Diagnostic radiographic																
20.10.1.1 Retrograde urethrogram	*	3/5/7						2b	-	-	-	B1	-	-	B1	
20.10.1.2 Cystogram	*	3/5/7						2b	-	-	-	B1	-	-	B1	
20.10.1.3 Voiding cystourethrogram	*							2b	-	-	-	B1	-	-	B1	
20.10.1.4 Nephrotomogram	*							1a	-	-	-		-	-		
20.10.1.5 Fluoroscopic radiology	*	3/5/7						2b	-	-	-	B1	-	-	B1	
20.10.1.6 Retrograde pyelogram	*	3/5/7						2b	-	-	-		-	-		
20.10.1.7 Intravenous pyelogram	*							2b	-	-	-		-	-		
20.10.1.8 Kidney Ureter Bladder (KUB)	*	3/5/7						2b	-	-	-		-	-		
20.10.1.9 Allergic reactions	*	3/5/7						2b	-	-	-		-	-		
20.10.1.10 Develop radiographic films	*							2b	-	-	-		-	-		
20.10.1.11 Label/file radiographic films	*							1a	-	-	-		-	-		
20.10.2 Endoscopic																
20.10.2.1 Cystoscopy																
20.10.2.1.1 Rigid	*	3/5/7						2b	-	-	-		-	-		
20.10.2.1.2 Flexible	*	3/5/7						2b	-	-	-		-	-		
20.10.2.1.3 With stent placement	*	3/5/7						2b	-	-	-		-	-		
20.10.2.2 Ureteroscopy	*							2b	-	-	-		-	-		
20.10.2.3 Percutaneous Nephroscopy	*							2b	-	-	-		-	-		
20.10.2.4 Calculus extraction by stone basket	*							2b	-	-	-		-	-		
20.10.2.5 Transurethral Resection of Prostate (TURP)	*	3/5/7						2b	-	-	-		-	-		
20.10.2.6 Transurethral Incision of Prostate (TUIP)	*							2b	-	-	-		-	-		
20.10.2.7 Transurethral Resection of Bladder Tumor (TURB)	*	3/5/7						2b	-	-	-		-	-		
20.10.3 Lithotripsy																
20.10.3.1 Laser	*							A	-	-	-		-	-		
20.10.3.2 Electrohydraulic	*							A	-	-	-		-	-		
20.10.3.3 Percutaneous Nephrolithotripsy	*							A	-	-	-		-	-		
20.10.3.4 Extracorporeal Shockwave (ESWL)	*							A	-	-	-		-	-		

Attachment 5: Urology (4N1X1B) STS

1. Tasks, Knowledge And Technical References	War Time Task	Core Task	3. Certification For OJT					4. Proficiency Codes Used To Indicate Training/Information Provided (See Note)								
			A	B	C	D	E	A 3 Skill Level		B 5 Skill Level			C 7 Skill Level			
			Tng Start	Tng Complete	Trainee Initials	Trainer Initials	Certifier Initials	(1) Course	(2) CDC	(1) Course	(2) CDC	(3) QTP	(1) Course	(2) CDC	(3) QTP	RSV Task
	*	3/5/7														
20.10.4 Assist with minor surgical (clinic) procedures																
20.10.4.1 Circumcisions	*							1b	-	-	-		-	-		
20.10.4.2 Vasectomy	*	3/5/7						1b	-	-	-		-	-		
20.10.4.3 Prostate biopsy	*	3/5/7						1b	-	-	-		-	-		
20.10.4.4 Scrotal I & D								-	-	-	-		-	-		
20.10.4.5 Meatotomy	*							1b	-	-	-		-	-		
20.10.4.6 Wart/condyloma excision								-	-	-	-		-	-		
20.11 Perform Scrub duties (OR) TR: Surgical Technology: Principles and Practice																
20.11.1 Orchiopexy								-	-	-	-		-	-		
20.11.2 Circumcisions/Dorsal slit								-	-	-	-		-	-		
20.11.3 Hydrocelectomy/hernia repair								-	-	-	-		-	-		
20.11.4 Varicocelectomy								-	-	-	-		-	-		
20.11.5 Spermatocelectomy								-	-	-	-		-	-		
20.11.6 Orchiectomy								-	-	-	-		-	-		
20.11.7 Pyeloplasty								-	-	-	-		-	-		
20.11.8 Pyelolithotomy								-	-	-	-		-	-		
20.11.9 Prostatectomy								-	-	-	-		-	-		
20.11.9.1 Suprapubic								-	-	-	-		-	-		
20.11.9.2 Radical	*	3/5/7						B	-	-	-		-	-		
20.11.9.3 Perineal								-	-	-	-		-	-		
20.11.10 Nephrectomy								-	-	-	-		-	-		
20.11.11 Radical Cystectomy with Illeoconduit								-	-	-	-		-	-		
20.11.12 Vasovasostomy								-	-	-	-		-	-		
20.12 Patient teaching TR: Lippincott Manual of Nursing Practice; Urologic Nursing: Principles and Practice																
20.12.1 Urostomy (stoma) care								-	-	-	-		-	-		
20.12.2 Self-catheterization		3/5/7						-	-	-	-		-	-		

Attachment 5: Urology (4N1X1B) STS

4N1X1B STS TRAINING REFERENCES (TR) SOURCE SUMMARY

COMMERCIAL PUBLICATIONS

Fuller, Joanna Kotcher. *Surgical Technology: Principles and Practice.* 4th ed. Saunders. 2005.

Karlowicz, Karen A. *Urologic Nursing: Principles and Practice.* 1st ed. W.B. Saunders Company. 1995.

Kozier, Barbara J., et al. *Fundamentals of Nursing: Concepts, Process, and Practice.* 7th ed. Prentice Hall. 2003.

Nettina, Sandra M. *Lippincott Manual of Nursing Practice.* 8th ed. Lippincott, Williams, and Wilkins. 2005.

Tanagho, Emil A. and McAninch, Jack W. *Smith's General Urology.* 16th ed. McGraw-Hill Medical. 2003.

GOVERNMENT PUBLICATIONS

Department of Defense

DODM 6010.13-M, *Medical Expense and Performance Reporting System for Fixed Military Medical and Dental Treatment Facilities*

Attachment 6: 4N1X1B STS Training Reference (TR) Source Summary

Attachment 7: Orthopaedic (4N1X1C) STS

1. Tasks, Knowledge And Technical References	War Time Task	Core Task	3. Certification For OJT					4. Proficiency Codes Used To Indicate Training/Information Provided (See Note)								RSV Task
			A	B	C	D	E	A 3 Skill Level		B 5 Skill Level			C 7 Skill Level			
	*	3/5/7	Tng Start	Tng Complete	Trainee Initials	Trainer Initials	Certifier Initials	(1) Course	(2) CDC	(1) Course	(2) CDC	(3) QTP	(1) Course	(2) CDC	(3) QTP	RSV Task
21 ORTHOPAEDIC SURGICAL SPECIALTY TR: AO/ASIF Instruments and Implants: A Technical Manual; Handbook of Orthopaedic Emergencies; Manual of Orthopaedics; Orthopaedics; The Traction Handbook																
21.1 Anatomy and Physiology TR: Manual of Orthopaedics; Orthopaedics																
21.1.1 Medical Terminology	*							A	-	-	-		-	-		
21.1.2 Location and function of the peripheral nervous system	*							A	-	-	-		-	-		
21.1.3 Location and anatomical structure related to orthopedic disorders TR: Manual of Orthopaedics; Orthopaedics																
21.1.3.1 Bony structures	*							A	-	-	-		-	-		
21.1.3.2 Major joints, structures, and functions	*							A	-	-	-		-	-		
21.1.3.3 Major muscles and their functions	*							A	-	-	-		-	-		
21.2 Apply and remove orthopaedic devices/braces TR: Orthopaedics																
21.2.1 Plaster and fiberglass																
21.2.1.1 Casts																
21.2.1.1.1 Standard short arm	*	3/5/7						2b	-	-	-	C1	-	-	C1	
21.2.1.1.2 Short arm (boxer type)	*	3/5/7						2b	-	-	-	C1	-	-	C1	
21.2.1.1.3 Short arm Thumb spica	*	3/5/7						2b	-	-	-	C1	-	-	C1	
21.2.1.1.4 Standard long arm	*	3/5/7						2b	-	-	-	C1	-	-	C1	
21.2.1.1.5 Long arm hanging	*							2b	-	-	-	C1	-	-	C1	
21.2.1.1.6 Long arm Thumb spica	*							2b	-	-	-	C1	-	-	C1	
21.2.1.1.7 Munster								-	-	-	-	C1	-	-	C1	
21.2.1.1.8 Long leg	*	3/5/7						2b	-	-	-	C1	-	-	C1	
21.2.1.1.9 Short leg	*	3/5/7						2b	-	-	-	C1	-	-	C1	
21.2.1.1.10 Patella tendon bearing								-	-	-	-	C1	-	-	C1	
21.2.1.1.11 Long leg cylinder	*	3/5/7						2b	-	-	-	C1	-	-	C1	
21.2.1.1.12 Hip spica								-	-	-	-	C1	-	-	C1	
21.2.1.2 Splints																
21.2.1.2.1 Short arm (Volar)	*	3/5/7						2b	-	-	-	C1	-	-	C1	
21.2.1.2.2 Short arm sugar tong	*	3/5/7						2b	-	-	-	C1	-	-	C1	
21.2.1.2.3 Ulnar Gutter	*	3/5/7						2b	-	-	-	C1	-	-	C1	
21.2.1.2.4 Long arm (Posterior)	*	3/5/7						2b	-	-	-	C1	-	-	C1	
21.2.1.2.5 Long arm sugar tong	*	3/5/7						2b	-	-	-	C1	-	-	C1	
21.2.1.2.6 Long leg (Posterior)	*	3/5/7						2b	-	-	-	C1	-	-	C1	
21.2.1.2.7 Short leg (Posterior)	*	3/5/7						2b	-	-	-	C1	-	-	C1	
21.2.1.2.8 Robert Jones splint/dressing	*	3/5/7						2b	-	-	-	C1	-	-	C1	

1. Tasks, Knowledge And Technical References	War Time Task	Core Task	3. Certification For OJT					4. Proficiency Codes Used To Indicate Training/Information Provided (See Note)								
			A	B	C	D	E	A 3 Skill Level		B 5 Skill Level			C 7 Skill Level			RSV Task
	*	3/5/7	Tng Start	Tng Complete	Trainee Initials	Trainer Initials	Certifier Initials	(1) Course	(2) CDC	(1) Course	(2) CDC	(3) QTP	(1) Course	(2) CDC	(3) QTP	
21.2.1.3 Cast/Splint removal techniques	*	3/5/7						2b	-	-	-	C1	-	-	C1	
21.2.1.4 Patient teaching: cast/splint care	*							a	-	-	-		-	-		
21.2.2 Traction TR: Manual of Orthopaedics																
21.2.2.1 Pulley mechanics	*							1b	-	-	-		-	-		
21.2.2.2 Methods of application								-	-	-	-		-	-		
21.2.2.2.1 Skin	*							1b	-	-	-		-	-		
21.2.2.2.2 Skeletal	*							b	-	-	-		-	-		
21.2.2.3 Traction Precautions/Complications	*							A	-	-	-		-	-		
21.2.2.4 Basic Traction Applications																
21.2.2.4.1 Buck's	*							2b	-	-	-	C1	-	-	C1	
21.2.2.4.2 Balanced suspension w/skin	*							1b	-	-	-	C1	-	-	C1	
21.2.2.4.3 Balanced suspension w/skeletal	*							A	-	-	-	C1	-	-	C1	
21.2.2.4.4 Other traction setups								-	-	-	-		-	-		
21.2.3 Assist with application of external fixation devices								-	-	-	-		-	-		
21.3 Orthopaedic clinic techniques TR: Orthopaedics; Manual of Orthopaedics																
21.3.1 Prepare patient for injection of joints, bursae, and other musculoskeletal areas TR: Manual of Orthopaedics								-	-	-	-		-	-		
21.3.2 Setup instruments/equipment for orthopaedic procedures								-	-	-	-		-	-		
21.3.3 Instruct patients in use of crutches, canes, and other orthopaedic appliances.		3/5/7						-	-	-	-		-	-		
21.4 Perform basic nursing care TR: Fundamental Skills and Concepts in Patient Care; Lippincott Manual of Nursing Practice																
21.4.1 Suture removal								-	-	-	-		-	-		
21.4.2 Drain removal								-	-	-	-		-	-		
21.4.3 Staple removal								-	-	-	-		-	-		
21.4.4 Dressing removal								-	-	-	-		-	-		
21.4.5 Post-op incision care								-	-	-	-		-	-		
21.5 Treatment of injuries, disorders, and deformities TR: AO/ASIF Instruments and Implants: A Technical Manual; Manual of Orthopaedics; The Traction Handbook																
21.5.1 Treatment of																

Attachment 7: Orthopaedic (4N1X1C) STS

1. Tasks, Knowledge And Technical References	War Time Task	Core Task	3. Certification For OJT					4. Proficiency Codes Used To Indicate Training/Information Provided (See Note)								
			A	B	C	D	E	A 3 Skill Level		B 5 Skill Level			C 7 Skill Level			
	*	3/5/7	Tng Start	Tng Complete	Trainee Initials	Trainer Initials	Certifier Initials	(1) Course	(2) CDC	(1) Course	(2) CDC	(3) QTP	(1) Course	(2) CDC	(3) QTP	RSV Task
21.5.1.1 Fractures (surgical/nonsurgical) TR: AO/ASIF Instruments and Implants: A Technical Manual; Manual of Orthopaedics	*	3/5/7						A	-	-	-		-	-	
21.5.1.2 Dislocations and subluxations	*							A	-	-	-		-	-	
21.5.1.3 Sprains, strains, & contusions	*							A	-	-	-		-	-	
21.5.1.4 Postural deformities								-	-	-	-		-	-	
21.5.1.5 Congenital anomalies								-	-	-	-		-	-	
21.5.1.6 Bone and soft tissue conditions TR: Orthopaedics; Manual of Orthopaedics								-	-	-	-		-	-	
21.5.1.6.1 Tumors								-	-	-	-		-	-	
21.5.1.6.2 Muscles, tendons, and tendon sheaths	*							A	-	-	-		-	-	
21.5.1.6.3 Fascia and bursae								-	-	-	-		-	-	
21.5.1.6.4 Nervous system	*							A	-	-	-		-	-	
21.5.1.7 Joint conditions															
21.5.1.7.1 Traumatic	*							A	-	-	-		-	-	
21.5.1.7.2 Acute infections	*							A	-	-	-		-	-	
21.5.1.7.3 Wounds	*	3/5/7						A	-	-	-		-	-	
21.5.1.8 Ankylosing deformities								-	-	-	-		-	-	
21.5.1.8.1 Peripheral nerve injuries	*							A	-	-	-		-	-	
21.5.2 Perform scrub duties (OR)															
21.5.2.1 Arthrodesis								-	-	-	-		-	-	
21.5.2.2 Arthroplasty TR: Orthopaedics								-	-	-	-		-	-	
21.5.2.2.1 Total joint replacement								-	-	-	-		-	-	
21.5.2.2.1.1 Knee								-	-	-	-		-	-	
21.5.2.2.1.2 Hip								-	-	-	-		-	-	
21.5.2.2.1.3 Shoulder								-	-	-	-		-	-	
21.5.2.2.2 Joint reconstructions															
21.5.2.2.2.1 Anterior cruciate ligaments								-	-	-	-		-	-	
21.5.2.2.2.2 Posterior cruciate ligaments								-	-	-	-		-	-	
21.5.2.2.2.3 Arthroscopy TR: Arthroscopy of the Knee															
21.5.2.2.2.3.1 Knee								-	-	-	-		-	-	
21.5.2.2.2.3.2 Shoulder								-	-	-	-		-	-	
21.5.2.2.2.3.3 Other								-	-	-	-		-	-	
21.6 Safely use and operate orthopedic equipment															
21.6.1 Fracture table (see manufacturer's instructions)								-	-	-	-		-	-	
21.6.2 Positioning frames								-	-	-	-		-	-	
21.6.3 Spica table								-	-	-	-		-	-	

Attachment 7: Orthopaedic (4N1X1C) STS

1. Tasks, Knowledge And Technical References	War Time Task	Core Task	3. Certification For OJT					4. Proficiency Codes Used To Indicate Training/Information Provided (See Note)								
			A	B	C	D	E	A 3 Skill Level		B 5 Skill Level			C 7 Skill Level			
	*	3/5/7	Tng Start	Tng Complete	Trainee Initials	Trainer Initials	Certifier Initials	(1) Course	(2) CDC	(1) Course	(2) CDC	(3) QTP	(1) Course	(2) CDC	(3) QTP	RSV Task
21.6.4 Traction cart								–	–	–	–		–	–		

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Attachment 7: Orthopaedic (4N1X1C) STS

4N1X1C STS TRAINING REFERENCES (TR) SOURCE SUMMARY

COMMERCIAL PUBLICATIONS

Aluisio, Frank V., et al. *Orthopaedics.* 2 ed. Lippincott Williams & Wilkins. 1998.

Hart, Raymond G., et al. *Handbook of Orthopaedic Emergencies.* 1st ed. Lippincott Williams & Wilkins. 1999.

Nettina, Sandra M. *Lippincott Manual of Nursing Practice.* 8th ed. Lippincott, Williams, and Wilkins. 2005.

Swiontkowski, Marc F. and Iversen, Larry D. *Manual of Orthopaedics.* 5th ed. Lippincott Williams & Wilkins. 2001.

Texhammer, Rigmor, et al. *AO/ASIF Instruments and Implants: A Technical Manual.* 2nd ed. Springer. 2004.

The Traction Handbook. Manufacturer's Literature. Zimmer, USA. 1991.

Timby, Barbara Kuhn. *Fundamental Skills and Concepts in Patient Care.* 7th ed. Lippincott Williams & Wilkins. 2002.

Attachment 8: 4N1X1C STS Training Reference (TR) Source Summary

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1. Tasks, Knowledge And Technical References	War Time Task	Core Task	3. Certification For OJT					4. Proficiency Codes Used To Indicate Training/Information Provided (See Note)								RSV Task
			A	B	C	D	E	A 3 Skill Level		B 5 Skill Level			C 7 Skill Level			
	∗	3/5/7	Tng Start	Tng Complete	Trainee Initials	Trainer Initials	Certifier Initials	(1) Course	(2) CDC	(1) Course	(2) CDC	(3) QTP	(1) Course	(2) CDC	(3) QTP	RSV Task
22 **OTOLARYNGOLOGY SURGICAL SPECIALTY** TR: AFOSHSTD 48-20; Current Therapy in Otolaryngology - Head & Neck Surgery; Essentials of Otolaryngology; Fundamental Skills and Concepts in Patient Care; Introduction to Audiology; Lippincott Manual of Nursing Practice; Office-Based Surgery in Otolaryngology; Deweese and Saunders' Otolaryngology-Head and Neck Surgery; Principles of Audiology: A Study Guide; Surgical Technology: Principles and Practice																
22.1 Otolaryngology anatomy, physiology, and terminology TR: Deweese and Saunders' Otolaryngology-Head and Neck Surgery; Principles of Anatomy and Physiology																
22.1.1 Otolaryngologic anatomical structures	∗	3/5/7						A	-	-	-		-	-		
22.1.2 Otolaryngology-specific medical terminology	∗	3/5/7						A	-	-	-		-	-		
22.2 Remove external ear debris and foreign bodies TR: Essentials of Otolaryngology; Deweese and Saunders' Otolaryngology-Head and Neck Surgery																
22.2.1 Cerumen Loop (microscope)	∗	3/5/7						2b	-	-	-	D1	-	-	D1	
22.2.2 Suction (microscope)	∗	3/5/7						2b	-	-	-	D1	-	-	D1	
22.2.3 Mastoid cleanout								-	-	-	-	D1	-	-	D1	
22.2.4 Recognize fungal infections of the ear								-	-	-	-		-	-		
22.3 Facial nerve monitoring	∗							A	-	-	-		-	-		
22.4 Application of nasal fracture casts/splints TR: Deweese and Saunders' Otolaryngology - Head and Neck Surgery																
22.4.1 Metal	∗							A	-	-	-	D2	-	-	D2	
22.4.2 Plaster								-	-	-	-	D2	-	-	D2	
22.4.3 Thermoplastic	∗	3/5/7						2b	-	-	-	D2	-	-	D2	
22.4.4 Internal/external nasal splint removal (site specific)		3/5/7						-	-	-	-	D3	-	-	D3	
22.5 Application of dressings and packs TR: Deweese and Saunders' Otolaryngology-Head and Neck Surgery								-	-	-	-		-	-		

1. Tasks, Knowledge And Technical References	War Time Task	Core Task	3. Certification For OJT					4. Proficiency Codes Used To Indicate Training/Information Provided (See Note)								
			A	B	C	D	E	A 3 Skill Level		B 5 Skill Level			C 7 Skill Level			
	*	3/5/7	Tng Start	Tng Complete	Trainee Initials	Trainer Initials	Certifier Initials	(1) Course	(2) CDC	(1) Course	(2) CDC	(3) QTP	(1) Course	(2) CDC	(3) QTP	RSV Task
22.6 Perform basic nursing care TR: Comprehensive Accreditation Manual for Hospitals: The Official Handbook; Lippincott Manual of Nursing Practice																
22.6.1 Suture removal								-	-	-	-	D3	-	-	D3	
22.6.2 Drain removal								-	-	-	-	D3	-	-	D3	
22.6.3 Staple removal								-	-	-	-	D3	-	-	D3	
22.6.4 Dressing removal								-	-	-	-		-	-		
22.6.5 Post-op incision								-	-	-	-		-	-		
22.6.6 Assist with tracheostomy care								-	-	-	-		-	-		
22.6.7 Perform swab cultures								-	-	-	-		-	-		
22.7 Tuning fork test TR: Introduction to Audiology; Principles of Audiology: A Study Guide	*							A	-	-	-		-	-		
22.8 Assist physician in performing otolaryngology clinical procedures TR: Deweese and Saunders' Otolaryngology-Head and Neck Surgery; Boies Fundamentals of Otolaryngology: A Textbook of Ear, Nose and Throat Diseases; Ear, Nose, and Throat Disorders																
22.8.1 Routine ENT examination	*	3/5/7						2b	-	-	-	D3	-	-	D3	
22.8.2 Salivary gland examination	*	3/5/7						a	-	-	-	D3	-	-	D3	
22.8.3 Sinus irrigations								-	-	-	-	D3	-	-	D3	
22.8.4 Peritonsillar abscess I & D	*	3/5/7						a	-	-	-	D3	-	-	D3	
22.8.5 Anterior and posterior nasal packs	*	3/5/7						a	-	-	-	D3	-	-	D3	
22.8.6 Closed reductions of nasal fractures	*	3/5/7						a	-	-	-	D3	-	-	D3	
22.8.7 Tracheostomy replacement								-	-	-	-	D3	-	-	D3	
22.8.8 Wound debridement								-	-	-	-	D3	-	-	D3	
22.8.9 Head and neck tumor care								-	-	-	-	D3	-	-	D3	
22.8.10 Management of epistaxis	*	3/5/7						a	-	-	-	D3	-	-	D3	
22.8.11 Topical medications/nasal spray	*	3/5/7						2b	-	-	-		-	-		
22.9 Perform scrub duties (OR)																
22.9.1 Myringotomy and insertion of PE tubes	*	3/5/7						2b	-	-	-		-	-		
22.9.2 Tonsillectomy and adenoidectomy TR: 2b	*	3/5/7						-	-	-	-		-	-		
22.9.3 Septoplasty/Septorhinoplasty	*	3/5/7						2b	-	-	-		-	-		
22.9.4 Caldwell Luc								-	-	-	-		-	-		
22.9.5 Middle ear procedures																
22.9.5.1 Tympanoplasty	*	3/5/7						2b	-	-	-		-	-		
22.9.5.2 Stapedectomy								-	-	-	-		-	-		
22.9.5.3 Mastoidectomy	*	3/5/7						2b	-	-	-		-	-		

Attachment 9: Otolaryngology (4N1X1D) STS

1. Tasks, Knowledge And Technical References	War Time Task	Core Task	3. Certification For OJT					4. Proficiency Codes Used To Indicate Training/Information Provided (See Note)								RSV Task
			A	B	C	D	E	A 3 Skill Level		B 5 Skill Level			C 7 Skill Level			
	*	3/5/7	Tng Start	Tng Complete	Trainee Initials	Trainer Initials	Certifier Initials	(1) Course	(2) CDC	(1) Course	(2) CDC	(3) QTP	(1) Course	(2) CDC	(3) QTP	
22.9.6 Neck procedures																
22.9.6.1 Thyroidectomy	*	3/5/7						1a	-	-	-		-	-		
22.9.6.2 Radical neck dissection	*							1a	-	-	-		-	-		
22.9.6.3 Tracheostomy	*	3/5/7						1a	-	-	-		-	-		
22.9.7 Endoscopies																
22.9.7.1 Laryngoscopy	*							1a	-	-	-		-	-		
22.9.7.2 Bronchoscopy	*							1a	-	-	-		-	-		
22.9.7.3 Esophagoscopy	*							1a	-	-	-		-	-		
22.9.8 Functional endoscopic sinus surgery (FESS)	*	3/5/7						1a	-	-	-		-	-		
22.9.9 Facial plastics/reconstruction																
22.9.9.1 Blepharoplasty	*							1a	-	-	-		-	-		
22.9.9.2 Rhytidectomy	*							1a	-	-	-		-	-		
22.9.9.3 Otoplasty	*							1a	-	-	-		-	-		
22.9.9.4 Scar revisions	*							1a	-	-	-		-	-		
22.9.9.5 Maxillofacial plating system	*							1a	-	-	-		-	-		
22.9.10 Uvulopalatopharyngoplasty (UPPP)	*	3/5/7						1a	-	-	-		-	-		
22.9.11 LAUP (Laser assisted Uvulopalatopharyngoplasty)								-	-	-	-		-	-		
22.10 Perform basic audiology procedures TR: Introduction to Audiology; Principles of Audiology: A Study Guide																
22.10.1 Air conduction	*							2b	-	-	-	D4	-	-	D4	
22.10.2 Impedance audiometry/tympanometry	*	3/5/7						2b	-	-	-	D4	-	-	D4	
22.10.3 Ear mold impressions TR: Manufacturer's Literature								-	-	-	-	D4	-	-	D4	
22.11 Hearing conservation TR: AFOSHSTD 48-20								-	-	-	-		-	-		
22.12 Safe operation and setup of equipment TR: Manufacturer's Literature																
22.12.1 Audiometer								-	-	-	-		-	-		
22.12.2 ENT examination chairs	*	3/5/7						2b	-	-	-		-	-		
22.12.3 ENT treatment cabinets/SMR unit	*	3/5/7						2b	-	-	-		-	-		
22.12.4 Operating microscope	*	3/5/7						2b	-	-	-		-	-		
22.12.5 Laser	*							2b	-	-	-		-	-		

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Attachment 9: Otolaryngology (4N1X1D) STS

4N1X1D STS TRAINING REFERENCES (TR) SOURCE SUMMARY

COMMERCIAL PUBLICATIONS

Adams, George L., et al. *Boies Fundamentals of Otolaryngology: A Textbook of Ear, Nose and Throat Diseases.* 6th ed. W.B. Saunders Company. 1989.

Fuller, Joanna Kotcher. *Surgical Technology: Principles and Practice.* 4th ed. Saunders. 2005.

Gates, Georte A. *Current Therapy in Otolaryngology-Head & Neck Surgery.* 6th ed. Mosby. 1998.

Joint Commission Accreditation Healthcare Organizations. *Comprehensive Accreditation Manual for Hospitals: The Official Handbook (Comprehensive Accreditation Manual for Hospitals (Camh)).* Joint Commission Resources. 2007.

Lucente, Frank E., et al. *Essentials of Otolaryngology.* 1.00 ed. Lippincott Williams & Wilkins. 2003.

Martin, Frederick N. and Clark, John Greer N. *Introduction to Audiology (with CD-ROM).* 9th ed. Allyn & Bacon. 2005.

Martin, Frederick N. *Principles of Audiology: A Study Guide.* University Park Press. 1984.

Nettina, Sandra M. *Lippincott Manual of Nursing Practice.* 8th ed. Lippincott, Williams, and Wilkins. 2005.

Krouse, John H., et al. *Office-Based Surgery in Otolaryngology.* W.B. Saunders. 1999.

Phillips, Nancymarie. *Berry * Kohn's OperatingRoom Technique.* 11th ed. Mosby. 2007.

Rothrock, Jane C. *Alexander's Care of the Patient in Surgery.* 13th ed. Mosby. 2006.

Schuller, David E., et al. *Deweese and Saunders' Otolaryngology-Head and Neck Surgery.* 8th ed. Mosby-Year Book. 1994.

Sigler, Barbara A. *Ear, Nose, and Throat Disorders (Mosby's Clinical Nursing Series).* C.V. Mosby. 1993.

Timby, Barbara Kuhn. *Fundamental Skills and Concepts in Patient Care.* 7th ed. Lippincott Williams & Wilkins. 2002.

Tortora, Gerard J. and Derrickson, Bryan H. *Principles of Anatomy and Physiology.* 11th ed. Wiley. 2005.

GOVERNMENT PUBLICATIONS

Department of the Air Force

AFOSHSTD 48-20, Occupational Noise and Hearing Conservation Program

Attachment 10: 4N1X1D STS Training Reference (TR) Source Summary

NOTE: This area is reserved

Section C - Support Material

1. The following list of support materials is not all inclusive; however, it covers the most frequently referenced areas.

Surgical Service Specialty
Qualification Training Packages
F = Frequency

QTP Volume	Title	OPR
QTP 4N1X1X-01	**Microbiology and Infection Control**	CFM
Module 1	Principles and Application of Surgical Asepsis	(Skills Verification)
QTP 4N1X1X-02	**Sterilization and Disinfection**	CFM
Module 1	Preparation of Instruments, Sets, Packs and Supplies for Sterilization	(F: Q20 months)
Module 2	Principles of Loading and Unloading a Steam Sterilizer	(F: Q20 months)
QTP 4N1X1X-03	**Preoperative Preparation of the Patient**	CFM
Module 1	Principles and Techniques for Removal of Body Hair	(Skills Verification)
Module 2	Performing Cleansing Skin Preps	(F: Q20 months)
QTP 4N1X1X-04	**Duties of Scrub and Circulating Personnel**	CFM
Module 1	Scrubbing, Gowning and Gloving Self and Team Members	(F: Q20 months)
Module 2	Establishing and Maintaining a Sterile Field	(F: Q20 months)
Module 3	Surgical Counts	(F: Q20 months)
Module 4	Care and Handling of Specimens	(F: Q20 months)
QTP 4N1X1X-05	**Set Up and Safe Operation of Equipment**	CFM
Module 1	Electrosurgical Devices	(F: Q20 months)
Module 2	Cardiac Monitors and Defibrillators	(Skills Verification)
Module 3	Suction, Lights, and Operating Room Table	(F: Q20 months)
QTP 4N1X1X-06	**Nursing Care of the Surgical Patient**	CFM
Module 1	Intravenous Infusion/Blood Administration	(Skills Verification)
Module 2	Vital Signs	(F: Q20 months)
Module 3	Basic Post-Anesthesia Nursing Care	(F: Q20 months)
QTP 4N1X1X-07	**Medication Administration**	CFM
Module 1	Guidelines for Handling Drugs and Solutions	(Skills Verification)

F: These QTPs satisfy RSV training requirements along with BLS certification.
*Skills Verification is used to **initially** certify that an individual can demonstrate the adequate level of skill and proficiency to correctly perform a task*

Urological Surgical Specialty
Qualification Training Packages
F = Frequency

QTP Volume	Title	OPR
QTP 4N1X1X-B1	Urology Surgical Specialty	MSgt Adrean Thomas
Module 1	Perform Clinical Procedures	(F: Q20 months)
Module 2	Perform/Assist with Diagnostic Radiographic Procedures	(F: Q20 months)

Orthopedic Surgical Specialty
Qualification Training Packages
F = Frequency

QTP Volume	Title	OPR
QTP 4N1X1X-C1	Application and Removal of Orthopedic Devices	MSgt Patrick Luda
Module 1	Casts & splints	(F: Q20 months)
Module 2	Application of traction	(F: Q20 months)

Otolaryngology Surgical Specialty
Qualification Training Packages
F = Frequency

QTP Volume	Title	OPR
QTP 4N1X1X-D1	Removal of external ear debris and foreign bodies	MSgt Kenneth Kasper (F: Q20 months)
QTP 4N1X1X-D2	Application of Nasal Fracture Casts and Splints	(F: Q20 months)
QTP 4N1X1X-D3	Clinic Procedures	(F: Q20 months)
QTP 4N1X1X-D4	Basic Audiology Procedures	(F: Q20 months)

Section D - Training Course Index

1. Purpose.

1.1. This section of the CFETP identifies training courses available for the specialty and shows how the courses are used by each MAJCOM in their career field training programs.

2. Air Force In-Residence Courses.

COURSE NUMBER	TITLE	LOCATION(S)	USER
J3ATR40030 00AA	**Basic Medical Readiness** **Length: 3 days**	**Sheppard AFB**	**ADAF** **AFRC** **ANG**
J3AQR4N131 01AC	**Surgical Service** **Apprentice-Phase I** **Length: 9 weeks and 1 day**	**Sheppard AFB**	**ADAF** **AFRC** **ANG**
J5ABO4N131 02AC	**Surgical Service** **Apprentice–Phase II** **Length: 6 weeks and 2 days**	**Andrews AFB** **Keesler AFB** **Eglin AFB** **Scott AFB** **Travis AFB** **Wright-Patterson AFB** **Nellis AFB**	**ADAF** **AFRC** **ANG**
J5ALN4N1X1XB 00AA	**Urology Surgical Service** **Technician** **Length: 16 weeks**	**Naval School of Health** **Sciences, Portsmouth,** **VA**	**ADAF** **AFRC** **ANG**
J5ALA4N1X1XC 00AA	**Orthopedic Surgical Apprentice** **Length: 6 weeks**	**Ft Sam Houston, TX**	**ADAF** **AFRC** **ANG**
J5ALN4N1X1XD 00AA	**Otolaryngology Surgical** **Technician** **Length: 12 weeks and 1 day**	**Naval School of Health** **Sciences, San Diego**	**ADAF** **AFRC** **ANG**

3. Air Force Institute of Advanced Distributed Learning (AFIADL) **Courses**

COURSE NUMBER	TITLE	LOCATION	USER
CDC 4N151A	**Surgical Service Journeyman,** **Part I**	**Gunter Annex, Maxwell** **AFB, AL**	**ADAF** **AFR** **ANG**
CDC 4N151B	**Surgical Service Journeyman,** **Part II**		
CDC 4N171	**Surgical Service Craftsman**		

4. Exportable Courses
NOTE: There is currently no Exportable Course available at this time. This area is reserved.

5. Courses Under Development/Revision (*due to changes in this CFETP*)

5.1. CDC 4N151A/B, Surgical Services Journeyman is under revision
5.2. CDC 4N171, Surgical Services Craftsman is under revision

Section E – MAJCOM Unique Requirements

1. Purpose.

1.1. This section applies to all enlisted surgical service personnel assigned to all Air Force Reserve Units and all Air National Guard Units.

2. Additional Apprentice (3-skill level) Training Requirements.

2.1. Air Force Reserve Command specific requirements:

2.1.1. Qualification Training

2.1.1.1. Upon completion of Surgical Service Apprentice Course and Surgical Service Apprentice – Phase II, the surgical service apprentice (non-prior and cross-trainees) will be assigned to an active duty hospital for up to 120 days (minimum 60) to acquire proficiency in performing tasks for their skill level. The length of training should depend on the apprentice's civilian experience. The apprentice should be assigned to a surgical suite and central sterile supply. Active duty personnel should ensure that appropriate experiences and supervision are provided to assist the apprentice in gaining the desired confidence and proficiency.

2.1.2. To ensure continuity between resident and clinical training, the apprentice will forward a copy of his/her technical school certificate (AF Form 1256) to their Reserve unit of assignment. The Reserve unit of assignment will then initiate upgrade action using AF Form 2096 to award the 3 skill level and enter the apprentice in the appropriate training status code (TSC) "B" or "F".

2.2. Air National Guard Specific

2.2.1. Seasoning (Qualification) Training

2.2.1.1. Upon completion of Surgical Service Apprentice Course – Phase I and Surgical Service Apprentice - Phase II, all Surgical Service Apprentices will be assigned to an active duty hospital for a period of 60 days to acquire proficiency in performing tasks for their skill level. Qualification training must be accomplished in conjunction with Phase II training. The apprentice should be assigned to a surgical suite and central sterile supply. Active duty personnel should ensure that appropriate experiences and supervision are provided to assist the apprentice in gaining the desired confidence and proficiency on all core tasks for the specialty.

2.2.1.2. To ensure continuity between resident and clinical training, the apprentice will forward a copy of his/her technical school certificate (AF Form 1256) to their Guard unit of assignment. The Guard unit of assignment will then initiate upgrade action using AF Form 2096 to award the 3 skill level and enter the apprentice in the appropriate training status code (TSC) "B" or "F".

OPR: ANGRC/SGN, 3500 Fetchet Ave., Andrews AFB, MD 20331-5157, DSN: 278-8303

3．ARC Readiness Skills Verification (RSV) (sustainment training)

3.1 Personnel in the 3-skill level must complete all core tasks identified in the STS prior to 5-level upgrade. QTPs have been developed to standardize and correspond with the RSVs. RSV's can be accomplished at AD Muff's, EMEDS, TOPSTAR, CSTARS.

3.2. Air Force Reserve Command (AFRC) 4N1X1X Journeyman, Craftsman, Superintendent, and Manager Training Requirements: RSV's must be completed every two AEF cycles (30 months). A list of RSV's are located in the AFRC Web Based Integrated Training System (WBITS).

Section F - Documentation of Training (Medical Specific)

1. Purpose

1.1. The purpose of this section is to standardize training and competency documentation across the career field, consolidating documentation into a single Enlisted Training and Competency Folder, also called the 6-part folder. Air Force Instruction 36-2201, Air Force Training Program, authorizes Career Field Managers to determine training documentation requirements and procedures.

2. Developing a Master Training Plan (MTP).

2.1. Purpose

2.1.1. A Master Training Plan is a comprehensive training plan developed by and for each work center. It is to be used to ensure completion of all work center duty position requirements (e.g. 100 percent task coverage). The MTP is used to standardize training and to give trainers, trainees, supervisors, NCOICs, and OICs an overview of the training process for the duty section. The MTP is also used as a means to reduce the amount of paperwork previously required during the training process.

2.2. Contents

2.2.1. In keeping with the concept of the Master Training Plan as an overview of training for the duty section; it should include all documents involved in the training process for the duty section. Training will vary from section to section and person to person, but there are certain documents that will be a standard requirement for all MTPs. The documents are as follows:

2.2.1.1. Unit-specific orientation checklist.

2.2.1.2. Job description for each duty position within the duty section (see the AFECD).

2.2.1.3. Dual channel OJT concept.

2.2.1.3.1. Career knowledge requirements.

2.2.1.3.2. Job qualification requirements.

2.2.1.4. Milestones for tasks and CDC completion (identify the projected timeframe the trainee will complete all required tasks, home station training, deployment/UTC tasks, and each set of CDCs as required).

2.2.1.5. Description of uses of AF Form 623 and Job Qualification Standards (JQSs).

2.2.1.6. Performance standards/position qualification training for each duty position.

2.2.1.7. Master Career Field Education and Training Plan (CFETP).

2.2.1.7.1. Identifies all tasks required for each duty position in the duty section.

2.2.1.7.2. Standardized reference source for initiating individual training.

2.2.1.7.3. Impact of training on career progression.

2.2.1.8. Qualification Training Packages (QTPs) required to perform peacetime/wartime duties.

2.2.1.8.1. Required for all tasks identified in the CFETP that require completion of a QTP before upgrade.

2.2.1.8.2. Required for all tasks not listed in the CFETP and/or identified by the duty section or facility as a high risk procedure or task. NOTE: Tasks included in the CFETP have already been reviewed. Those identified as high risk usually have a QTP. Other tasks in the CFETP **do not** require QTPs.

> NOTE: Initial POC for QTP development is the 4N1X1X AFCFM. The AFCFM may delegate the development of the QTPs to the MFM level.

2.2.1.9. Master Task List (MTL identifies all day-to-day mission (duty position) requirements, core tasks, in-garrison and contingency tasks, and additional duties performed by work center personnel.

2.2.1.10. Locally developed AF Form 797, Job Qualification Standard (JQS) Continuation Sheet (if applicable).

2.2.2. Rescinded items in the MTP.

2.2.2.1 The MTP must contain documents that relate to the training process for all enlisted and civilian equivalent duty section personnel and may contain both updated and rescinded versions of some documents.

3. Documentation of Training: The Enlisted Training and Competency Folder.

3.1. Purpose

3.1.1. The purpose of this section is to provide guidelines and examples of proper documentation for the many forms used in training all 4N1X1X personnel. Training documentation helps us to assess readiness capability, individual strengths and weaknesses, and resources needed to support quality patient care. It also helps us meet all The Joint Commission (TJC) and regulatory requirements. The Enlisted Training and Competency Folder is limited to the forms presented here and those prescribed in AFI 36-2201V3. Your unit training manager can also assist you with specific questions on training documentation.

3.1.2. The Graduate Assessment Survey (GAS) is an emailed survey sent from the technical training school through the base training managers to the group training managers, who then forward to the immediate supervisors of all recent 3-skill level course graduates. Supervisors use this survey to provide the school house feedback on the effectiveness of technical training in meeting established training requirements and should be answered immediately upon receipt. How the supervisor answers and comments on these questions could have a direct bearing on how well the school improves its programs and often results in training improvement initiatives.

3.2. Documents included in the 4N1X1X Enlisted Training and Competency Folder.

3.2.1. To assemble a 4N1X1X training record, utilize a standard six-part folder. **NOTE: THE FOLLOWING GUIDANCE MAY BE MODIFIED BY THE CFM UPON RELEASE OF THE ELECTRONIC TRAINING RECORD.**

3.2.2 The front cover of the 6-part education and training folder will have the following information displayed:

A computer generated or typewritten label with "enlisted training and competency folder" centered on the top of the label and the individual's name (last, first, mi) and social security number (last four is acceptable) on the bottom of the label. This label is placed in the center of the folder as viewed in portrait orientation, privacy act statement is centered on the bottom half of the folder. To facilitate filing in a standard filing cabinet, also affix a label containing the trainee's last name, first name, and middle initial to the top right corner of the inside back cover as viewed in landscape orientation. (see Attachment 1, figure F-1.)

3.2.3. The six parts of the folder are discussed in detail in the following paragraphs. Each part will contain specific documents that should be filed according to table F-1. Index tabs/tabbed dividers may be used in parts that contain multiple documents. Parts 2 through 5 are intended to replace the existing AF Form 623 and the documents contained therein. Training documents normally filed in the AF Form 623 will be filed in the 6-part folder in parts 2 through 5 in the same sequence that they appear in the current AF Form 623. Parts 1 and 6 are designed to hold other training documents previously filed in other folders or unique to medical AFSCs. Index tabs/tabbed dividers may be used in areas that contain multiple documents. When multiple copies of any form are placed into the OJT record, they are placed in chronological order with the most current documentation on top.

PART 1	PART 2	PART 3	PART 4	PART 5	PART 6
AF Form 55	Section A AF Form 623b (front and inside cover TSgt & below) Section B Entire CFETP (TSgt & below) Section C AF Form 797 (as needed)	Section A Mandatory Training/Inservices AF Form 1098s Section B AF Form 1098 QTP Printout Section C RSV	Section A AF Form 623a Job Description/ Performance Standards Review Orientation Training Progress Section B AETC Student training report and CDC score cards Forms removed after upgrade	AF Form 2096 or automated document showing upgrade to current skill level	Continuing Education Units National Certification Documentation Copy of BLS Card or printout documenting training

Table F-1. Organization of the 4N1X1X Enlisted Training and Competency Folder

3.2.3.1. **Part 1** (first two-pronged section--inside front cover).

3.2.3.1.1. *AF Form 55, Employee Safety and Health Record*. Regardless of grade or training status, AF Form 55 for the member is maintained in Part 1

3.2.3.2. **Part 2** (second two-pronged section).

3.2.3.2.1. *Section A - AF Form 623b, Individual Training Record Label (front and inside cover)*. Attach the front and inside cover, use the sticker type, (containing Sections I through IV) of the AF Form 623b onto Part 2 of the 6-part folder. Ensure all appropriate areas of the form are properly completed. (See Attachment 1, fig. F-2 & F-3.) The form must be placed in part 2 of the 6-part folder as the AF Form 623b is the document that is recognized by the personnel system in contingencies and deployments as the official formal training record.

> Note: Maintenance of AF Form 623b and the CFETP is mandatory for Airmen in grades Airman Basic through Technical Sergeant. For MSgts with a commensurate skill level, the 623b and CFETP are removed and given to the member. AF Form 623b and the CFETP are required for SNCOs in retraining/upgrade training status or as directed by the Air Force Career Field Manager.

3.2.3.2.2. *Section B - CFETP*. The Specialty Training Standard (STS) contained within the CFETP will be used to record training proficiency in various tasks that are required for an individual to perform duties in a specific work area. The STS is also used to develop a master task listing for all positions within the work center, and is maintained in the master training plan for the duty section. In individual training records, circle only those tasks, including core tasks, that the individual is required to perform in his/her current duty position.

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Note: Once initially certified, individuals are not required to maintain core task qualifications unless the task is part of the current duty position. (If task is part of the current duty position, it will remain circled. If not part of the current duty position, the circle may be removed.) Core task training *is not required* if the training capability does not exist at the assigned base, or another base within the local area. Conversely, core task training is required if the training capability resides in another unit at the same base (unless otherwise directed by the AFCFM). Annotate on the AF Form 623a the reason core task training was not conducted. It is not required to send personnel TDY for core task training.

3.2.3.2.3. *Section C - AF Form 797, Job Qualification Standard Continuation/Command JQS*. These forms will be used to document training for tasks that are not otherwise documented in the CFETP, specific equipment or tasks that are waived by the MAJCOM SG per AFI 44-119.

3.2.3.3. **Part 3** (third two-pronged section).

3.2.3.3.1.. This part will contain three separate sections for documentation of specific training. An AF Form 1098 will be created and clearly marked for each type of training documentation required. Ensure signatures and initials are included per AFI 36-2201V3.

3.2.3.3.1.1. *Section A - To document mandatory recurring training* (see attachment 1, figure F-5): AF Form 1098 (mandatory training to include AED training, LOAC, Age specific training, HIPPA, Ready Program training etc. Mandatory training requirements may vary from facility to facility. These requirements should be reviewed on an annual basis and updated as required. *NOTE: If the in-service training applies CEUs towards national certification, also document appropriately in Part 6 of the six-part folder. With the exception of entries required on the 623a and a 1098, this should be the only double documentation in the six-part folder.*

3.2.3.3.1.2. *Section B - Qualification Training Packages*: This section will be used to document completion of Qualification Training Packages (QTPs). Supervisors will use AF Form 1098 to document QTP requirements. The initial completion of a QTP is documented in the STS. ***Each QTP required for the duty section will be maintained in the Master Training Plan (MTP) and will be used as a training source document. You must complete each QTP module required for RSV training regardless of whether or not the module is required for your duty position.***

3.2.3.3.1.2. *Section C – Readiness Skills Verification (RSV) Training:* This section will be used to document completion of the RSV checklist. Only the checklist downloaded from the RSV site will be used in this section

3.2.3.4. **Part 4** (fourth two-pronged section).

3.2.3.4.1. *Section A*. *AF Form 623a, OJT Record Continuation Sheet*. This form will be utilized to document all progress of individual training to include job description/performance standard review, unit specific orientation, upgrade training, Career Development Course (CDC) failures/corrective actions, any additional pertinent training, all decertification procedures, and supervisor/ trainer/certifier periodic reviews (see attachment 1, figures F-7, F-8, F-9, and F-10).

The entire training process must be well documented on these forms. All individuals involved in the training process must document training progress as it occurs. Upgrade training status will be documented at least quarterly. All entries on documents contained in the AF Form 623/623a must be documented in pencil. However, if these publications/forms make up an automated training documentation package or overprint, pencil entries are not required. The supervisor and/or trainer and the trainee must sign and date all entries.

3.2.3.4.2. The Job Description/Performance Standards for each duty position should be maintained in the Master Training Plan (MTP) in each duty section. An AF Form 623a overprint may be used to document both supervisor/subordinate reviews (see attachment 1, figure F-6). This form will be maintained in Part 4 of the six-part folder. The following statements will be jointly reviewed by the supervisor and subordinate:

3.2.3.4.2.1. "I know where to find a current copy of my Job Description/Performance Standards."

3.2.3.4.2.1.1. "I have read, discussed with my supervisor, and understand my Job Description/ Performance Standards." **

3.2.3.4.2.1.2. "I understand my duties and responsibilities for the position that I am currently working in."**
3.2.3.4.2.1.3. "If I have questions or concerns about my Job Description/Performance Standards, I will seek assistance from supervisory personnel in my chain of command."

3.2.3.4.2.1.4. "It is my responsibility to review my Job Description/Performance Standards with my supervisor annually and with each change in supervisor/duty position."**

3.2.3.4.2.1.5. A signature and date block for both the supervisor and subordinate will reflect mutual understanding of these statements. It is recommended that several signature and date spaces for the continual review process be included.

NOTE: ** Indicates requirement according to The Joint Commission.

3.2.3.4.2.1.6. Orientation
Anytime there is a reference on the AF Form 623a to an orientation checklist, you must indicate the name and date of the checklist. Do not maintain copies of checklists in the six-part folder.

3.2.3.4.2.2.1. Unit-specific orientation. The unit-specific orientation is essential for all assigned members, and must be completed within 60 days of initial assignment. Documentation of the orientation process must be thorough. The trainer will use the master copy of the unit-specific orientation checklist located in the master training plan. Each item on the checklist must be covered by the trainer to ensure standardization of training. When applicable, ensure these checklists address age-specific and population-specific knowledge and skills. To reduce the amount of paperwork in the record, AF Form 623a will be used to record the orientation process. An overprint AF Form 623a is recommended to ensure the suggested comments are annotated. (see sample orientation documentation, attach. 1, figure F-7).

3.2.3.4.2.2.2. Orientee and trainer name/rank/unit assignment.

3.2.3.4.2.2.3. Orientation start date with initial interview comments (i.e. goals, desires, concerns related to the orientation process, etc.). Identify name and date of the orientation checklist

3.2.3.4.2.2.4. Mid-orientation progress check to evaluate training effectiveness. Signed and dated by both the trainer and orientee.

3.2.3.4.2.2.5. Final evaluation of orientation process with statement that verifies orientee's unit-specific competency has been achieved. Signed and dated by the trainer/supervisor and orientee. Identify name and date of the orientation checklist.

3.2.3.4.2.2.6. Upgrade Training (5-7-9-skill levels).

3.2.3.4.2.3. Document entry into upgrade training (attachment 1, figures F-8, F-9) and monthly evaluations of training progress.

3.2.3.4.2.3.1. Information on extensions, waiver requests, or breaks in training should also be clearly documented with copies of any related correspondence.
3.2.3.4.2.3.2. Document any decertification proceedings, to include dates, reasons for decertification, and other applicable information on the AF Form 623a

3.2.3.4.2.3.3. Any further training pertinent to the duty section and or unit effectiveness can also be documented on the AF Form 623a

3.2.3.4.2.3.4. *Section B*. *AETC Student Training records/CDC score cards.* The AETC Student Training Record is a "report card" documenting a member's performance during technical training. It is forwarded from the training squadron to the gaining commander. The 156 should be reviewed by the supervisor and a copy should be filed in this section. In addition, all CDC score cards, unit review scoring sheets, and other AFIADL forms should be placed in this section. These items should be removed from the folder once an individual completes upgrade training and is awarded their skill level. The supervisor should continue to review requirements, progress, and individual training needs. Record reviews for current documentation must occur at least annually.

3.2.3.5. **Part 5** (fifth two-pronged section).

3.2.3.5.1. *AF Form 2096, Classification On-The-Job Training Action.* This form will be used to document completion of upgrade training. This is also a good reference for supervisors to use when managing individuals with AFSC prefixes. An automated document may be substituted for AF Form 2096

3.2.3.6. **Part 6** (sixth two-pronged section).

3.2.3.6.1. *Section A Continuing Education.* This part will contain any National Certification/Registration and Continuing Education Reports. The form must contain documentation of the individual's current certification number and expiration date. **Certified individuals should continually monitor CEU status to ensure certification does not lapse.**

3.2.3.6.2. Supplemental AFSC-specific documentation instructions. Each Career Field Manager is authorized to supplement or revise the general guidance contained in section F of the CFETP to ensure the documents filed in the 6-part folder accurately reflect the needs of their AFSCs/Medical specialties.

Attachment 1: Sample documentation.
List of figures:
 F-1. Enlisted Training and Competency Folder - Cover.
 F-2. Sample AF Form 623B, Front Cover.
 F-3. Sample AF Form 623B, Inside Front Cover.
 F-4. Sample AF Form 797 documenting tasks not listed in CFETP.
 F-5. Sample AF Form 1098 documenting mandatory/inservice training.
 F-6.. Sample AF Form 623a documenting job description/performance standard review
 F-7.. Sample AF Form 623a documenting orientation
 F-8.. Sample AF Form 623a documenting initial upgrade training briefing
 F-9.. Sample AF Form 623a documenting trainee responsibility during upgrade training
F-10.. Documentation of CEUs for National Re-certification

CFETP 4N1X1, Part II, Section F

Attachment 9: Otolaryngology (4N1X1D) STS
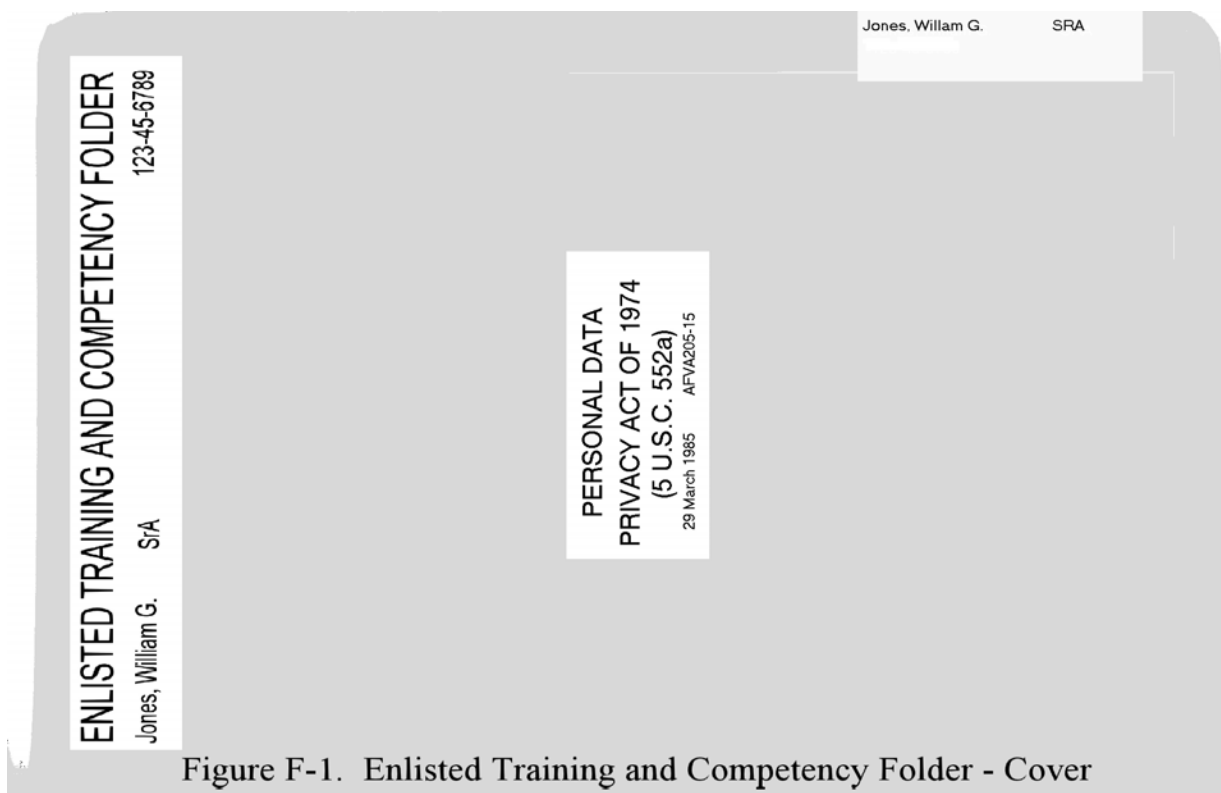
Figure F-1. Enlisted Training and Competency Folder - Cover

I. IDENTIFICATION DATA		
LAST NAME - FIRST NAME - MIDDLE INITIAL Jones, William G.	GRADE/RANK *SrA*	DAFC/JOB SERIES *4N131*

INDIVIDUAL TRAINING RECORD

PRIVACY ACT STATEMENT

AUTHORITY: Title 44 U.S.C. 3101; Title 10 U.S.C. 8013 and E.O 9397
PRINCIPLE PURPOSE: AF Form 623 and all documents filed in this folder are used to document, monitor, and maintain a comprehensive record of an individual's training.
ROUTING USES OUTSIDE DOD: None
DISCLOSURE IS VOLUNTARY: The SSN is mandatory to make positive identification of the individual in relation to other personnel records and actions. Failure to provide information will jeopardize the ability of the unit to perform its assigned mission.

INDIVIDUAL'S SIGNATURE *William G. Jones*	DATE 17 March 1997

Figure F-2. Sample AF Form 623, Front Cover.

III.			ECI/CDC PARTICIPATION, ETC.		
COURSE NUMBER AND TITLE A	NO. OF VOLUMES B	DATE COMP (MO/YR) C	COURSE NUMBER AND TITLE A	NO. OF VOLUMES B	DATE COMP (MO/YR) C
CDC 4N151A	5	11/97			
CDC 4N151B	4				

IV.		TECHNICAL AND SUPERVISORY TRAINING	
COURSE NUMBER AND TITLE	DATE COMPL	COURSE NUMBER AND TITLE	DATE COMPL
J3AQR4N131-001 PDS: R40 Surgical Service Apprentice	06/21/96		
J3AQR40030-002 PDS: V7Q Basic Medical Readiness	06/28/96		
J5ABO4N131-002 PDS: R3U Surgical Service Apprentice-(Phase II)	08/16/96		

Figure F-3. Sample AF Form 623, Inside Front Cover

JOB QUALIFICATION STANDARD CONTINUATION/COMMAND JQS									
			CERTIFICATION						
						MAJCOM DIRECTED USE ONLY			
TASK NUMBER	TASKS, KNOWLEDGE AND TECHNICAL REFERENCES		START DATE	CERTIFYING OFFICIAL'S INITIALS	TRAINEE'S INITIALS				COMPLETION DATE
1	Brown Dermatome 　　TR: Manual; Manufacturer's specifications								
2	Pentax Light Source 　　TR: Manual; Manufacturer's specifications								
3	Valleylab Electrosurgical Unit 　　TR: Manual; Manufacturer's specifications								

TRAINEE NAME
Jones, William G.

Figure F-4. Sample AF Form 797 Documenting Tasks Not Listed in CFETP

SPECIAL TASK CERTIFICATION AND RECURRING TRAINING							
				EVALUATION OF TRAINING			
TASK OR RECURRING TRAINING AND TECHNICAL REFERENCES A.	DATE COMPLETED B.	SIGNATURE OF CERTIFYING OFFICIAL C.	INITIAL OF TRAINEE D.	SCORE OR HOURS E.	TYPE F.	FRE-QUENCY G.	DUE DATE H.
Patient Sensitivity	20 Mar 04			P		A	20 Mar 05
Hospital Safety	12 May 04			P		A	12 May 05
QA/QI	12 May 04			P		A	12 May 05
Infection Control	20 May 04			P		A	20 May 05
NAME OF TRAINEE *(Last, First, Middle Initial)* Jones, William G.			GRADE SrA	UNIT AND OFFICE SYMBOL 123 MDOS/SGOSB			

IMT 1098   PREVIOUS EDITION WILL BE USED.

Figure F-5. Sample AF Form 1098 Documenting Mandatory/Inservice Training

ON-THE-JOB TRAINING RECORD
CONTINUATION SHEET

23 July 2004

- I know where to find a current copy of my job Description / performance Standards.
- I have read, discussed with my supervisor, and understand my Job description/Performance Standards.
- I understand my duties and responsibilities for the position that I am currently working in.
- If I have any questions or concerns about my Job Description / Performance Standards, I will seek assistance from my supervisor / NCOIC or OIC as necessary.
- It is my responsibility to review my Job Description / Performance Standards with my supervisor annually or with each change in duty position.

William G. Jones
William G. Jones, SrA
Surgical Service Apprentice

SrA Jones has completed review of his Job Description / Performance Standards on this date. I am confident he is thoroughly familiar with standards and expectations. At this time SrA Jones has no questions or concerns.

John W. Doe
John W. Doe, SSgt
Surgical Service Craftsman

LAST NAME - FIRSTR NAME - MIDDLE INITIAL
Jones, William G.

AF FORM 623a, MAR 79 *(EF)*   **PREVIOUS EDITION WILL BE USED**

Figure F-6. Sample AF Form 623a Documenting Job Description/Performance Standards Review

| ON-THE-JOB TRAINING RECORD |
| CONTINUATION SHEET |

16 Dec 04

SrA Jones is assigned to the operating room. I, SSgt Doe have been assigned as his supervisor/trainer. I began SrA Jones' orientation to the operating room, using the OR Master Training Plan dated 19 Jun 04, and conducted an initial interview on this date. SrA Jones exhibits a positive attitude and stated he is looking forward to operating room and team specific orientation. He expressed concerns on meeting previously scheduled appointments during his orientation period, and I assured him time would be provided as needed. SrA Jones seems to be very enthusiastic about this assignment and states his goals are to learn as much as possible as quickly and as well as possible.

William G. Jones   *John W. Doe*
William G. Jones, SrA   John W. Doe, SSgt
                                                           Surgical Services Craftsman

13 Jan 05

An orientation progress check was accomplished on this date. SrA Jones has progressed through the Operating Room Orientation Checklist (dated 19 Jun 04) with little to no difficulty.

William G. Jones   *John W. Doe*
William G. Jones, SrA   John W. Doe, SSgt
                                                           Surgical Services Craftsman

10 Feb 05

An orientation progress check was accomplished on this date. SrA Jones has completed most of the tasks listed on the Operating Room Orientation Checklist (dated 19 Jun 04). He has completed reading/review of department specific OIs. SrA Jones will complete his orientation with 2-week rotations on evening and night shifts.

William G. Jones   *John W. Doe*
William G. Jones, SrA   John W. Doe, SSgt
                                                           Surgical Services Craftsman

17 Mar 05

An orientation progress check was accomplished on this date. SrA Jones has completed all tasks listed on the Operating Room Orientation Checklist (dated 19 Jun 04). I reviewed the checklist with him, and he seems very knowledgeable and understands all items. He indicates he is ready to be released from orientation and is anxious to begin upgrade training to the 5-skill level. I recommend he be released from orientation and entered into upgrade training on this date.

William G. Jones   *John W. Doe*
William G. Jones, SrA   John W. Doe, SSgt
                                                           Surgical Services Craftsman

CONCUR   CONCUR

Vivian L. Elgin   *Teresa M. Gale*
Vivian L. Elgin, MSgt, USAF   Teresa M. Gale, Capt, USAF, NC
NCOIC, Operating Room Services   Nurse Executive, Operating Room Services

LAST NAME - FIRSTR NAME - MIDDLE INITIAL
Jones, William G.

AF FORM 623a, MAR 79 *(EF)*   **PREVIOUS EDITION WILL BE USED**

Figure F-7. Sample AF Form 623a Documenting Orientation

| ON-THE-JOB TRAINING RECORD |
| CONTINUATION SHEET |

INITIAL UPGRADE TRAINING BRIEFING

   William G. Jones   has been briefed on the On-The-Job Training (OJT) Program and how he/she fits into the program while in upgrade training (UGT). Upgrade training was explained as a dual channel process designed to qualify an airman for skill level upgrade. Dual channel OJT is a systematic reportable application of self-study and the craftsman/apprentice principle. Trainees acquire job qualification while performing on the job under supervision. This combination, knowledge and job position qualification constitutes the dual channel concept. Requirements from AFI 36-2101, 36-2108, and 36-2201 were covered. AF Forms 623, 623a, 797, 2096, and the CFETP, STS/JQS or automated JQS, which serves to make up the individual training record, was explained. Responsibilities of the commander, base training, unit education and training manager (ETM), immediate supervisor, trainer, and trainee were discussed. The career development courses (CDC) were briefly discussed and will be explained in detail when the CDCs arrive, if applicable. Requirements for upgrade in your AFSC _____ are: (1) Satisfactory completion of CDCs _____ (2) Supervisor certify job qualifications with adequate hands on training (3) Meet typing proficiency of _____ WPM per AFI 36-2108, if applicable (4) Completion of 7-level Read Ahead Module (RAM) and (5) Supervisor recommendation for upgrade. Each airman in grades E1 through E6 (and SNCOs in retraining status) have an AF Form 623 which must contain a CFETP or JQS. The CFETP or JQS may contain 150 or more separate tasks but it should be annotated to show only those tasks the airman is required to perform in his/her current duty position, all AFI 36-2108 mandatory requirements for upgrade and core task requirements. In the JQS there is a space for both the supervisor and the trainee to initial to certify training is complete. In the CFETP the trainer, trainee, and certifier has a space to initial when training is completed. After upgrade the CFETP or JQS will continue to be used to document further qualification training.

| *Supervisor's Signature* | *Trainee's Signature* | *Date* |

LAST NAME - FIRSTR NAME - MIDDLE INITIAL
Jones, William G.

AF FORM 623a, MAR 79 *(EF)*   PREVIOUS EDITION WILL BE USED

Figure F-8. Sample AF Form 623a Documenting Initial Upgrade Training Briefing

| ON-THE-JOB TRAINING RECORD |
| CONTINUATION SHEET |

TRAINEE'S RESPONSIBILITIES DURING UPGRADE TRAINING (UGT)

1. Read and understand your Air Force Specialty (AFS) description, training requirements, objectives, and training record (AF Form 623).

2. Budget time (on and off-duty) for timely completion of CDCs and keep all CDC materials for future reference and study.

3. Attain and maintain qualification in your assigned AFS.

4. After CDC briefing trainee will do the following: (Read and initial)

  _____ a. Read "Your Key to a Successful Course."
  _____ b. Make all required course corrections and return entire package to your supervisor.
  _____ c. When you are issued your first volume you will read and study each unit, answer self-test questions (STQs), and complete the unit review exercises (UREs). Questions are to be answered in the space provided when possible. Highlight/reference where answers are found in the most effective manner determined by your supervisor.
  _____ d. Supervisor will check URE and self-test questions for accuracy and completeness. You will correct all incorrect responses.
  _____ e. Supervisor uses or issues the ECI Form 34 (Field Scoring Sheet) to you to check and correct your UREs. The UREs are teaching devices and must be administered as open book exercises. All scores less than 100 percent require review training.
  _____ f. Minimum acceptable review training consist of correcting incorrect responses, reading the appropriate area from which the question was taken, and a verbal question and answer session.
  _____ g. Your next volume is then issued by your supervisor. You must work it in the same manner as above for each volume in the course.
  _____ h. Upon completion of your last volume you and your supervisor will immediately start a comprehensive review of the entire CDC to prepare for your course examination.

5. Review and discuss training requirements with supervisor regularly. Provide input on your training and ask questions.

6. Upon satisfactory completion of your career knowledge training, position qualification, and mandatory requirements listed in the AFECD, your supervisor will initiate upgrade action.

| *Supervisor's Signature* | *Trainee's Signature* | *Date* |

LAST NAME - FIRSTR NAME - MIDDLE INITIAL
Jones, William G.

AF FORM 623a, MAR 79 *(EF)*   **PREVIOUS EDITION WILL BE USED**

Figure F-9. Sample AF Form 623a Documenting Trainee Responsibility During Upgrade Training

CONTINUING EDUCATION

DATE	TOPIC	HOURS / CEU'S	DATE COMPLETED

TOTAL

Figure F-10. Documentation of CEUs